

RESEARCH REQUEST FORM

OCM BOCES School Library System
(315) 433-2663 (phone) (315) 433-2649 (fax)

District & School Name: _____ **Today's Date:** _____ **Date Needed:** _____

Librarian: _____ **Phone #:** _____ **Email:** _____

***** MUST GO THROUGH SCHOOL LMS *****

1. **Search Topic.** Please give a complete description of the information needed. Include synonyms for technical terms. Indicate any aspects of the subject that are to be excluded. Be as detailed as possible.

2. List any subject descriptors.

3. Have you done a search? Yes No If **YES**, which index(es) did you use?
 O.U.R.S. Online Database Reader's Guide MAS RIE CIJE

Other(s):

4. Please list any sources you have already consulted.

5. Please list any known authors in the topic area.

6. **Indicate preference:**

- Narrow search with **fewer** citations, which exactly meet your **specific** requirements.
- Broad search with **more general** citations and more complete coverage.

7. **Time period to be searched:**

- Current year only
- Last 2-5 years
- Other

Specify dates: _____

8. **Topical restrictions:**

- Specific age or grade level

Please specify: _____

- Other

Please specify: _____

Send fax (315) 433-2649 or photocopy to SLS. Attention: ILL department

Revised April 20, 2004: System Council