

Document Delivery Request Form (NIE Staff)

Name of Requester		Staff Card No.	
Academic Group / Programme	Date	Contact No.	
	E-mail		
I declare that I require the copy for research and private study and that I have not been previously supplied with a copy of the item by an authorised officer of the library.			Signature
A) Particulars of Required Document			
Author (Surname first)			
Title		Publisher	
Journal			
Vol. / Ed.	Issue / No.	Month/Year	Pages
Source of Information		ISBN / ISSN	
Item not needed after	Do you wish to proceed if the document requested incurs a fee? <input type="checkbox"/> Yes, please complete Sect. B if using TM/Research Vote <input type="checkbox"/> No		
B) To be completed by NIE staff using TM or Research Vote			
<input type="checkbox"/> Teaching Material Vote: R 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Approved by: _____ (Head/Academic Group)		Signature: _____	Date: _____
<input type="checkbox"/> Research Project Description: RP _____			
Project WBS: R 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		GL A/C: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Approved by: _____ (Principal Investigator)		Signature: _____	Date: _____
For Office Use Only			
Request No:			
Rapid ILL Ref Code:			
Date Ordered:			
Date Received:			
Reminder(s) Sent:			

Note: By submitting the information, you consent to the National Institute of Education (NIE) collecting, using, disclosing and/or processing the information for the purpose of administering and communicating to you regarding your application/request.

Please email the scanned version of the completed form to libris@nie.edu.sg or send via internal dispatch to Research and Information Services, NIE Library.

Last Revised: September 15, 2017