

Trinity College Library
HARTFORD, CONNECTICUT 06106

BINDING ORDER FORM

Name: _____

Department: _____

Date: _____

The Trinity College Library will bind the titles listed below:

Personal binding paid by check, amount \$ _____

or,

Departmental binding account number: _____

Authorized signature: _____

Amount: \$ _____ Date: _____

Order accepted by staff member: _____ on: _____

(make 2 copies of form, 1st for owner, 2nd for file)