

RESEARCH RETURN VISITS:

Signature: _____ Date: _____

STAFF USE ONLY: Verified I.D. _____ TIME IN: _____ TIME OUT: _____

Referred By: _____ **LibInsight:** _____ **ALMA:** _____

NOTES: _____

Signature: _____ Date: _____

STAFF USE ONLY: Verified I.D. _____ TIME IN: _____ TIME OUT: _____

Referred By: _____ **LibInsight:** _____ **ALMA:** _____

NOTES: _____

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NOTES: _____