

**The Library of Congress  
African and Middle Eastern Division**

**Request for Rare Material Form**

Date:	Researcher's Library of Congress Registration Number:		
Name			
First	Last	Middle	
Permanent Address		Local Address	
Telephone Number(s)	1.		
	2.		
	3.		
Subject of Research			
LC Identification Number			
Signature of Requestor			
Author			
Title			
Shelf Number			
Returned (Date)			
Physical condition when returned			

Reader agrees to:

1. Handle the material with special care
2. Use pencil only when taking written notes
3. Not to photograph the material