Manuscript Access Request Form

First: Personal Information

• Full Name:

• Employee ID / Civil ID:

• Department / Affiliation:

• Mobile Number:

Second: Manuscript Details

• Manuscript Title:

• Author:

• Subject:

• Manuscript Number (if available):

• Source:

Third: Purpose of Request

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Additional Notes (if any):

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Date:

Signature of requester:

Note. The necessary action will be done within 48 hours from the time of sending the signed form to: scd.libraries@ku.edu.kw