

To: NHSL - NHAIS Services

From : _____
(library name) (hsa code)

Re: MARC records submitted

Filename: _____ # records: _____

Filename: _____ # records: _____

Filename: _____ # records: _____

Use call number information from tag _____ subfield(s) _____
If this information is not provided holdings will be added without call numbers

Record source: Exported from local system
 Vendor supplied (specify) _____

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