

Horizon Serials Control Implementation Form

Please complete the following if you are implementing Horizon Serials Control at your library. This form should be filled out by the Director of the library.

Name: _____

Email: _____

Library Location Code: _____

Name of Library: _____

Do you already have a Media Type Code? **Yes** **No** **Don't Know**

Do you have a collection code for serials or magazines? **Yes** **No**

Do you have an itype circulation code for serials or magazines? **Yes** **No**

Will you be checking in serials for any other location besides your own? **Yes** **No**
If Yes, list the additional locations _____

List the Horizon staff who should have access to Serials Control

_____ Should this user have access to Prediction Patterns? Yes No

_____ Should this user have access to Prediction Patterns? Yes No

_____ Should this user have access to Prediction Patterns? Yes No