**PERIODICAL CHECK-IN FORM**

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| **TITLE OF PERIODICAL:** |
| FREQUENCY | NUMBER OF ISSUES PER YEAR | MONTHS PUBLISHED |

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| ISSUES RECEIVED: Enter the year in box below. For monthly periodicals, circle the month for the issue you are checking in. For weekly periodicals write in the day of the month below the name of the month. |
| YEAR Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec |
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