RESERVE MATERIAL FORM

FOR: ____________________________________________________________

PROFESSOR’S NAME

PHONE EXTENSION

The material I am requesting for reserve:

___ Complies with Copyright Law, guidelines are available on the library web page

___ Permission to copy has been granted by the copyright holder (copy attached)

SIGNATURE ____________________________________________

COURSE AND NUMBER ________________________________

COURSE’S FULL NAME

First date materials to be assigned: __________________________________________

These items should remain on reserve until: _________________________________________

___ Remove at the end of the semester and return via campus mail.

PLEASE NOTE: NO RESERVES PROCESSED ON SATURDAYS AND SUNDAYS

CHECK ONE:

___ Electronic Reserve (scan items and post)

___ 1 WEEK RESERVE

___ 3 DAY RESERVE

___ 24 HOUR RESERVE  (May be checked out at anytime for 24 hours)

___ 2 HOUR ROOM RESERVE  (Does not leave the library)

LOCATION

TITLE

AUTHOR

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