RESERVE REQUEST FORM - BOOKS/MEDIA/ARTICLES

Name: __________________ Course: ______________ # of Students: _____________
Semester: _____________ Last Date Material Needed*: ___________________

*Default date for removal is the end of the current semester. Please see Circulation if you have reserves needed for multiple semesters.

RESERVE REMOVAL: Please indicate how any personal copies will be returned.

___ Campus Mail ___ Library Pick Up*

*Items must be picked up as soon as possible after reserves are removed.

2 Hour Library Use Only: _____ 2 Hour Overnight*: _____

Multiple Day Reserve: ____ # of Days: ____ 4 Hour Library Use Only: ____ (DVD’s)

*Items may be checked out 2 hours before closing and are due 1 hour after opening the next day.

AUTHOR     TITLE    CALL NUMBER
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

ARTICLES:

AUTHOR             TITLE         PUBLICATION            VOL.          ISS.       PAGES
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

OFFICE USE ONLY

NOTE:

DATE ON: ____      DATE REMOVED: ____
INITIALS: ____      INITIALS: ____