

Date: _____

Reserve Materials Request Form

Instructor _____

Department _____

Phone _____

Email _____

Course Name and Number _____

Circle semester reserve should be active:

Fall

Spring

Summer

Circle length of reserve check out:

Two hours in-house

Two days circulating

Electronic only

Should the material be returned at the end of its active semester? YES NO

Please fill out the information below.

Call Number (Library use only)	For BOOKS , supply title and author. For PERIODICALS , supply the title, source, author, date of publication, and pagination.

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Signature _____

Date _____