Library Reserve Form

Instructor ___________________________  E-mail ___________________________

Department ___________________________  Phone Extension ___________________________

Course Number ___________________________  Course Name ___________________________

Date to be placed on: ___________________________

Date to be taken off*: ___________________________

*Maximum of one year
*Photocopies used for more than one term require permission from the copyright holder.
*Personal copies will be returned to instructor.

Length of Checkout

☐ 2 hours in-house
☐ 2 day circulating
☐ Electronic only

By submitting this form, I certify that these materials are in compliance with copyright law (title 17 U.S.C.)

Signature ___________________________  Date ___________________________

Please fill out the information below.

<table>
<thead>
<tr>
<th>Call Number</th>
<th>For BOOKS, supply title and author. For PERIODICALS, supply the title, source, author, date of publication and pagination.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- All photocopies will be placed on regular reserve unless otherwise specified.
- Links to full-text articles in online databases can be retained more than one semester if requested.