

Reserve Form

Date: _____ Instructor's Name: _____

E-mail: _____ Phone: _____

Course #: _____ Course Name: _____

Title 1: _____

- Instructor owned Library Owned

Title 2: _____

- Instructor owned Library Owned

Title 3: _____

- Instructor owned Library Owned

Additional items or notes: use other side for more titles

When should the item be taken off reserve?

- End of Fall Semester
 End of Spring Semester
 Other: _____

Check the length of time students are allowed to use the item:

- 2 hours In Library Use Only
 2 hours May Leave Library
 24 hours
 2 days
 1 week

Staff Use Only

Date processed:

Processed by: