

RESERVE REQUEST FORM

INSTRUCTOR: _____

SUBJECT: _____

COURSE NAME/NUMBER: _____

Please select the type of reserve by checking one of the following:

_____ 2 Hour Reserve—Library Use Only

_____ 1 Day Reserve (Overnight)

_____ 2 Day Reserve

_____ Other _____

Please list the dates that the material(s) is (are) to be on reserve (inclusive):

FROM: _____

TO: _____

Please list the title(s) of the material(s) to be put on reserve:

TITLE: _____

BARCODE: _____

TITLE: _____

BARCODE: _____

TITLE: _____

BARCODE: _____

TITLE: _____

BARCODE: _____

For audio/visual material, does any student need special accommodations? Yes No

NOTES: _____