LIBRARY COURSE RESERVES REQUEST FORM

Date:		THIS PORTION FOR LIBRARY USE ONLY
Instructor:		Date submitted:
Email:		Date completed:
Telephone No. or Extension:		Semester:
relephone No. of Extension.		
Course Name:	Course No.:	

Please circle all that apply. Specify <u>other</u> circulating rule, <u>media</u> or <u>other</u> material type.				
Library Only:	One Hour	Two Hours	Three Hours	Four Hours
Circulating:	One Day	Two Days	Three Days	Four Days
	One Week	Two Weeks	Three Weeks	Semester
	Other			
Renewable:	Yes	No		
Ownership:	Library Owned	Personally Owned	Department Owned	
Туре:	Book	Article	Folder	
	Media		Other	

Permission to affix a permanent barcode, security element and pocket to my items:	I understand that not allowing the
security element may limit library staff's ability to prevent unauthorized remo	oval of item from the library.

Allow_____

Do not allow

Note: The library will not charge patrons for any lost or damaged material that belongs to a faculty member. The faculty member will be notified of the loss/damage.

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I acknowledge I have read and understand the Copyright Notice.

Instructor's signature:_____

LIBRARY OWNED ITEMS

TITLE	AUTHOR	CHAPTER/PAGES	CALL# or BARCODE

FACULTY OR DEPARTMENT OWNED ITEMS

TITLE	AUTHOR	CHAPTER/PAGES	BARCODE

SPECIAL INSTRUCTIONS