Library Reserve Form (Use a separate form for different title)

Faculty Name ____________________________________________________________

Course Number and Section ______________________________________________

Type of Reserve (choose ONE): CLOSED Reserve (behind desk, must be charged) OPEN Reserve (1st floor, open shelving)

Length of Reserve (CLOSED Reserve only): 2 hours 3 hours 4 hours 24 hours

Keep on reserve through: Fall Winter Spring of ______ (year)

IF ITEM IS A FILM, will library copy be USED IN CLASS? Y / N

If YES, what DATE and TIME will the film be PICKED UP and by WHOM? __________________________________________

PLEASE NOTE:
• The Library is NOT responsible for lost or damaged instructor copies.
• Due to copyright restrictions, items MAY be removed from reserve at term end.
• Off-Air recordings and instructor examination copies may NOT be placed on reserve due to copyright restrictions.

Cite item as it appears on your syllabus, using the fields below.

Please check the primary author and title you would like used in the library catalog.

☐ Title: _____________________________________________________________________________________

☐ Author: _________________________________________________________

☐ Article/Chapter Author (as needed): __________________________________________________________________

☐ Article/Chapter Title (as needed): ___________________________________________________________________

Person accepting reserve: timestamp and initial
Reserves Processing

Call Number ____________________________ Last 4 digits of barcode: ________________

If processing a multi-volume set, please use space below to record volume numbers and barcode digits.

Number of Copies ________________ Put on Reserve by: ____________________________________

______________________________ Timestamp and initial

______________________________ Removed from Reserve at term end (Timestamp)