

RESERVE INFORMATION

PROFESSOR'S NAME COURSE NAME AND NUMBER RESERVE LENGTH

_____ 2 hours

_____ 2 hours/overnight

_____ 1 day

Number of students in class _____ 3 days

Date material needed by students: _____ (Allow 1 day (books), 3 days (articles)/2 weeks at beginning of semester.)

Keep on reserve until: _____ End of Fall Semester Material located at:
_____ End of Spring Semester _____ Thomas
_____ Other _____ _____ Science

OF ITEMS RECEIVED _____ DATE AND TIME REC'D _____ STAFF INITIAL _____

For **photocopied/downloaded material** this portion must be filled out:

_____ This is the first time I have placed this material on reserve.

_____ This is NOT the first time I have placed this item on reserve. The library's license agreement for electronic articles permits such use (EJC, Ebsco or JSTOR) or permission from the copyright holder is required.

For **books/items** (not photocopies) **you personally own** this portion must be filled out:

_____ Understanding that library staff will use reasonable care while the following items are on reserve, I do not hold the library responsible for damage or loss: (List items and sign below.)

_____ Please order the item(s) I have checked for the library collection.

SIGNATURE: _____