# Reserves Materials Request Form

**Instructor Name:**

**Delivered By:**

**Contact Information:**

**Course Title:**

**Course Number:**

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1. **Start Date:** ____________  **End Date:** ____________

2. **Semester:**  Fall _______  Spring _______  Summer _______

3. **Check-out Period:**  ___ 2Hrs (39)  ___ 4Hrs (40)  ___ 24Hrs (41)  ___ 3 Days (42)  ___ 7 Days (43)

4. **Special Instructions:** (Ex. In-House Use Only)

<table>
<thead>
<tr>
<th>Personal Item</th>
<th>Primary Author</th>
<th>Call # / Perc #</th>
<th>Title</th>
<th># of Copies</th>
<th>Material Type (Ex. Book, DVD, VHS, Article)</th>
<th>Staff Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td>Reserved Banded Special Removed</td>
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<td>Yes</td>
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<td>Reserved Banded Special Removed</td>
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</tr>
</tbody>
</table>

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*The Instructor is responsible for obtaining copyright permission. Library staff will contact you if permission is needed.*

I have read and agree to abide by the Reserve guidelines. **Instructor’s Signature:** ____________________________

**Received By:** ____________________________  **Date:** ____________

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**Staff Use Only:** **Date Completed:** ____________  **Total Items:** _______  **Stat. Entry:** _____  **Removed:** _____

# of Items: _____  # of AV: _____  # of Percs: _____  # of AV Percs: _____  # of Pages Scanned: _____

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[Updated 10/7/2009 65]