

Reserves Materials Request Form

Instructor Name:	
Delivered By:	
Contact Information:	
Course Title:	
Course Number:	

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)

	Personal Item	Primary Author	Call # / Perc #	Title	# of Copies	Material Type <small>(Ex. Book, DVD, VHS, Article)</small>	Staff Use Only
1	Yes No						Reserved Banded Special Removed
2	Yes No						Reserved Banded Special Removed
3	Yes No						Reserved Banded Special Removed
4	Yes No						Reserved Banded Special Removed
5	Yes No						Reserved Banded Special Removed

http://www.regent.edu/general/library/services/course_e-reserve/home.cfm

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: _____

Staff Use Only: Date Completed: _____ Total Items: _____ Stat. Entry: _____ Removed: _____
 # of Items: _____ # of AV: _____ # of Percs: _____ # of AV Percs: _____ # of Pages Scanned: _____