

Reserve Request Form

Library Supervisor Use Only	
Processed:	_____
Removed:	_____
Reported:	_____

Please fill out one form for each course and list each item separately. Allow three days for requests to be processed in the order received. All material will be removed at the end of each semester unless another request form is submitted before course ends.

Feel free to contact **Shana Sandin** at 757-352-4156 with any questions.
 Reserve guidelines and copyright policies are posted at:
<http://www.regent.edu/lib/services/reserves/home.cfm>

Instructor's Name: _____

Proxy/Assistant: _____

Phone #/Extension: _____

Campus Address: _____

E-mail Address: _____

Course # & Title: _____

Semester & Year: _____

I have read and agree to abide by the Reserve guidelines and copyright laws. I understand that only I (not my proxy) may sign this waiver.

Faculty Signature

Date

Rcvd By: _____ Date: _____

Call Number (Leave blank for personal items or photocopies)	Title, Author, Edition, Volume, and Date (or complete description of item - e.g. DVD, VHS, photocopy)	Number of copies	Check-out Period (2, 4, or 24 hours; 3 or 7 days)	In-house use only Y/N	Library Supervisor Use only Barcode and End-of-Semester Usage