



Library Reserve Request Form

Today's Date: _____ Location: _____

Instructor Name: _____ Employee ID# _____

Office Location: _____ Phone: _____

Title: _____

Course Number: _____ Personal item Library-owned item

Format: Book Copy DVD CD-ROM VHS _____ Other

Loan period: 2 hours 24 hours 2 days 3 days 1 week _____ Other

Withdraw after: Spring Fall Sum I Sum II _____ Other

Title: _____

Course Number: _____ Personal item Library-owned item

Format: Book Copy DVD CD-ROM VHS _____ Other

Loan period: 2 hours 24 hours 2 days 3 days 1 week _____ Other

Withdraw after: Spring Fall Sum I Sum II _____ Other

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Withdraw after: Spring Fall Sum I Sum II _____ Other

PLEASE ALLOW UP TO 48 HOURS FOR PROCESSING OF NEW REQUESTS.

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Faculty Signature: _____ Date: _____