

LIBRARY RESERVE FORM - ARTICLES
Reserve Materials Must Comply With Copyright Regulations

Instructor _____ Ext. _____ Office _____
Last Name First Name

Course Name & No. _____

Date on Reserve _____ Date Off _____

Other Instructors Whose Classes May Also Use This Material _____

Use: Room Use Overnight 1 Week Other _____ Where Can We Return Materials? _____
(circle one)

ARTICLE		ARTICLE	
Title			
Author			
Source (Journal)			
Date Published			
Volume/Issue			
Number of Pages			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	
ARTICLE		ARTICLE	
Title			
Author			
Source (Journal)			
Date Published			
Volume/Issue			
Number of Pages			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	
ARTICLE		ARTICLE	
Title			
Author			
Source (Journal)			
Date Published			
Volume/Issue			
Number of Pages			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	

<p>Your signature certifies that the above listed materials to be Placed on reserve are not copyrighted or comply with federal Copyright laws for LRC reserve use.</p> <p>24 HOURS NEEDED TO PLACE MATERIALS ON RESERVE</p> <p>_____</p> <p>Signature Date</p>	<p>Circulation Staff Member Taking Request:</p> <p>_____</p> <p>Date _____ Time _____</p>
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