

LIBRARY RESERVE FORM - BOOKS
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)

BOOK		BOOK	
Title			
Author			
Publisher			
ISBN #			
Copyright Date			
Edition			
Pages or Chapters			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	
BOOK		BOOK	
Title			
Author			
Publisher			
ISBN #			
Copyright Date			
Edition			
Pages or Chapters			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	
BOOK		BOOK	
Title			
Author			
Publisher			
ISBN #			
Copyright Date			
Edition			
Pages or Chapters			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode	Barcode	

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.

24 HOURS NEEDED TO PLACE MATERIALS ON RESERVE

Circulation Staff Member Taking Request:

Signature _____ Date _____

Date _____ Time _____