

LIBRARY RESERVE FORM - MEDIA
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)

MEDIA		MEDIA	
Title (Name)			
Format			
Director			
Distributor			
Copyright Date			
ISBN #			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode		Barcode
MEDIA		MEDIA	
Title (Name)			
Format			
Director			
Distributor			
Copyright Date			
ISBN #			
Type of Reserve: <input checked="" type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both	Barcode		Barcode
MEDIA		MEDIA	
Title (Name)			
Format			
Director			
Distributor			
Copyright Date			
ISBN #			
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 _____

Forms not filled out completely will be returned to the requestor.