Book Reserve Information Form

_____

Course Name and Number

_____

Reserve Length

_____ 2 Hours No Overnight

_____ 2 Hours With Overnight

_____ 1 Day

_____ 3 Days

_____ 7 Days

Date material needed by students: _____ (Allow 1 day to 2 weeks at the beginning of the semester)

Keep on reserve until: _____ End of fall semester
_____ End of spring semester
_____ Other _____

For personal copies this portion must be filled out:

_____ I Understanding that library staff will use reasonable care while the following items are on reserve, I do not hold the library responsible for damage or loss: (List items and sign below.)

Author	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Please order the item(s) that I have checked for the library collection.

Signature: _____

Staff Use Only

Number of items received _____

Date and time received _____

Staff initial _____