

# BOOK RESERVE INFORMATION FORM

Professor's Name

RESERVE LENGTH

\_\_\_\_\_

\_\_\_ 2 hours

Course name & number

\_\_\_ 2hours/overnight

\_\_\_\_\_

\_\_\_ 1 day

\_\_\_ 3 days

Date material needed by students: \_\_\_\_\_ (Allow 1 day/2 weeks at beginning of semester)

Keep on reserve until: \_\_\_ End of Fall Semester  
\_\_\_ End of Spring Semester  
\_\_\_ Other \_\_\_\_\_

For **books you personally own** this portion must be filled out:

\_\_\_ 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) I have checked for the library collection.

**SIGNATURE:** \_\_\_\_\_

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## STAFF USE ONLY

# OF ITEMS RECEIVED \_\_\_\_\_

DATE AND TIME REC'D \_\_\_\_\_

STAFF INITIAL \_\_\_\_\_