

FACULTY RESERVES

Date: _____

Faculty Name: _____

Course # and Course Title: _____

Title: _____

Author: _____

Call Number: _____

Format of material to be placed on reserve: _____ Book _____ Video _____ Article

Checkout Period: _____ 2hr _____ library use only _____ overnight
_____ 3 day _____ other

Length of time on reserve _____

_____ Personal Copy (if personal copy, would you like it returned? yes / no)
or
_____ Library Copy

Notes: _____

