

**RESERVE REQUEST FORM**  
**PRINT AND ATTACH TO MATERIAL**  
**ALLOW 24 HOURS TO BE PROCESSED**

**GENERAL INFORMATION**

Date \_\_\_\_\_  
Instructor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Course Title \_\_\_\_\_ Course Number \_\_\_\_\_  
For which semester? \_\_\_\_\_

**CIRCULATION LIMITS** (check one)

\_\_\_\_\_ 2 hours ONLY – NO OVERNIGHT  
\_\_\_\_\_ 2 hours – overnight after 4 p.m.  
\_\_\_\_\_ 3 days  
\_\_\_\_\_ 1 week  
\_\_\_\_\_ 24 hours  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

We recommend that personal copies not be **overnight**.

**MATERIALS INFORMATION**

May we attach sensitizing strips to this material?      YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE CHECK:      L: Library      P: Personal      D: Department

L    P    D  
\_\_\_\_

AUTHOR: \_\_\_\_\_  
TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_  
TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_  
TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_  
TITLE: \_\_\_\_\_

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