Library Request to Place Materials on Reserve

Faculty Name: __________________________ Phone Number: __________________________

Course Number: __________ Course Name: __________________________

Faculty Owned: _____ Library Owned: _____ Call Number: __________________________

Title: ____________________________________________

Author: ____________________________________________

<table>
<thead>
<tr>
<th>FORMAT (please check and provide details as appropriate)</th>
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<tbody>
<tr>
<td>Book ___ CD ___ DVD ___ VHS video ___</td>
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<tr>
<td>Other: ____________________________________________</td>
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| Journal Article ___ Issue and Date: ___________________
(To be in compliance with copyright laws, the entire issue must be placed on reserve.)|

Length of time on reserve:
Fall Semester ___ Spring Semester ___ Summer ___
Less than entire semester (please specify time): __________________________

Circulation options:
_____ 4 hour circulation only in library
_____ 24 hour circulation
_____ 7 day circulation

STAFF USE ONLY:
Date of Process Staff Initials
08/09/12, 12/04/14