LIBRARY RESERVE REQUEST FORM

Faculty Member's Name: _____

Course Title: _____

Course Number: _____

*L = Library Use Only
*O = Overnight Use
*3 = 3 Days
*1 = 1 Week

E-Reserves = Indicate request with a check mark

Call Number	Author	Title	Date put on	Date to remove	*L *O *3 *1	E-Reserves

_____
Instructor's Signature