

Paul and Rosemary Tribble Library
Faculty Reserve Request Form

Professor's name: _____

Date: _____

Course name: _____ Course#: _____

Telephone: _____ Email: _____ Office location: _____

➤ Items are being placed on reserve and/or scanned for the following semester:

☐ Fall ☐ Spring ☐ May Term ☐ Summer I or II of Year: _____

PHYSICAL RESERVE ITEMS

➤ Check the reserve circulation period desired:

Strict (2 hrs) Media (4hrs) 24 hrs 2 Days 5 days 7 days
(resa) (medrs) (resb) (resc) (resg) (resd)

➤ At the end of the reserve period: *(library-owned material will be reshelfed after exams)*

_____ HOLD materials for pick up at the Library or _____ SEND materials through campus mail

➤ Please read and sign: My signature signifies that materials submitted for print and/or electronic reserve at the Tribble Library are in compliance with copyright law (Title 17, United States Code) and I assume full responsibility.

Professor's Signature

➤ Fill in items to be placed on reserve: *(Material will be listed as you cite them)*

Author	Title	Book or Media
	Provide full citations for materials in the spaces below.	

STAFF USE			
Date Added	Staff initials	Date Removed	Staff initials

Author

Title

Provide full citations for materials in the spaces below.

**Book or
Media**