

RESERVE INFORMATION FORM – MEDIA ITEMS

PROFESSOR'S NAME **COURSE NAME AND NUMBERS** **RESERVE LENGTH**

_____ **2** hours In Library
Use Only

_____ **4** hours In Library
Use Only
(USED ONLY IF VIDEO
IS OVER 120 MINUTES)

Date needed by students: _____ (Please allow at least 24 hrs. processing time/2 wks. at beginning of semester.)

Keep on reserve until: _____ End of Fall Semester
_____ End of Spring Semester
_____ Other _____

OF ITEMS RECEIVED _____ DATE AND TIME REC'D _____ STAFF INITIAL _____

CALL NUMBERS AND/OR TITLES OF ITEMS:

FOR VIDEOS/ITEMS YOU PERSONALLY OWN THIS PORTION MUST BE FILLED OUT:

_____ UNDERSTANDING THAT LIBRARY STAFF WILL USE REASONABLE CARE WHILE THE FOLLOWING ITEMS ARE ON RESERVE, I DO NOT HOLD THE LIBRARY RESPONSIBLE FOR DAMAGE OR LOSS.

SIGNATURE: _____ **DATE:** _____

___ Please order the item(s) I have checked for the AV library collection.