AV Media Reserve Information Form

Professor’s Name

______________________________________________________________

Course Name and Number

______________________________________________________________

Reserve Length

_____ 2 Hours No Overnight

_____ 2 Hours With Overnight

_____ 1 Day

_____ 3 Days

_____ 7 Days

Date material needed by students: ________ (Allow 1 day to 2 weeks at the beginning of the semester)

Keep on reserve until:

_____ End of fall semester

_____ End of spring semester

_____ Other ________________________________

For personal copies this portion must be filled out:

_____ I 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: (List items and sign below.)

Call Number (if library owned) | Title

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Please order the item(s) above that I have checked for the library collection.

Signature: __________________________________________________________ Date: _____________

Staff Use Only

Number of items received ___________

Date and time received ______________________________

Staff initial ____________