

MATERIALS TO BE PLACED ON HARD COPY RESERVE

Instructor: _____

E-Mail: _____

ID #: _____

Phone #: _____

Course: _____
(Abbreviation and #)

Semester: _____

Please Check One: Library Use ONLY (2 Hours): ___

Overnight: ___

2 Day Check Out: ___

1 Week Check Out: ___

TITLE:

CALL #:
(Library Copy Only)

Special Notes:

Worker's Initials: _____

Date: _____