

DATE: _____ Time: _____

RECEIVED BY: _____
(Staff Name)

- - - - - ↑ Staff Use Only ↑ - - - - -

RESERVES REQUEST FORM

FALL (30) _____

Class No.: _____
(i.e. BUS 250)

Class Size: _____

Final Exam: _____

Instructor: _____

Telephone No.: _____

Note: _____

• Please check (✓) appropriate box •

Loan Period:

- ☐ Library Use Only -- 2 hour
- ☐ Overnight – *due the next day @ noon*
- ☐ 3 Day
- ☐ 7 Day
- ☐ 2 Weeks (14 Day)

When the Class/Semester ends:

- ☐ Return/Mail to Prof. at end of semester

• Department: _____

- ☐ Will pick up at the end of semester
- ☐ Recycle at the end of semester