

# Reserves Materials Request Form

<b>Instructor Name:</b>	
<b>Delivered By:</b>	
<b>Contact Information:</b>	
<b>Course Title:</b>	
<b>Course Number:</b>	

1. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
2. Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_
3. Check-out Period: \_\_\_ 2Hrs (39) \_\_\_ 4Hrs (40) \_\_\_ 24Hrs (41) \_\_\_ 3 Days (42) \_\_\_ 7 Days (43)
4. Special Instructions: (Ex. In-House Use Only)

	Personal Item	Primary Author	Call # / Perc #	Title	# of Copies	Material Type <small>(Ex. Book, DVD, VHS, Article)</small>	Staff Use Only
1	Yes No						Reserved Banded Special Removed
2	Yes No						Reserved Banded Special Removed
3	Yes No						Reserved Banded Special Removed
4	Yes No						Reserved Banded Special Removed
5	Yes No						Reserved Banded Special Removed

[http://www.regent.edu/general/library/services/course\\_e-reserve/home.cfm](http://www.regent.edu/general/library/services/course_e-reserve/home.cfm)

**\*The Instructor is responsible for obtaining copyright permission. Library staff will contact you if permission is needed.\***

**I have read and agree to abide by the Reserve guidelines. Instructor's Signature:** \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:** Date Completed: \_\_\_\_\_ Total Items: \_\_\_\_\_ Stat. Entry: \_\_\_\_\_ Removed: \_\_\_\_\_  
 # of Items: \_\_\_\_\_ # of AV: \_\_\_\_\_ # of Percs: \_\_\_\_\_ # of AV Percs: \_\_\_\_\_ # of Pages Scanned: \_\_\_\_\_