University Library
RESERVE REQUEST

Instructor _____   E-mail _____   Today's Date _____

Phone No. _____   Bldg. _____   Room No. _____   Page _____   of _____

Department _____   Course Number (ex. CJS 101) _____

Allow 2-5 business days for processing of traditional reserve material. A copy of this form will be returned to you indicating the assigned reserve numbers. It is assumed that faculty placing materials on reserve have complied with the copyright law (Title 17, U.S. Code).

For use during:
Fall Sem.   20_____
Spring Sem. 20_____
Summer:
  Start Date _____
  End Date   _____

Author/Title (Indicate exact title by which student will search)	Library Call #	Loan Period (check one)			(Office Use Only)				
		2 Hour	1 Day	3 Day	Stats	Loans	Date Processed	Date Removed	Reserve Number

** Visit www.stcloudstate.edu/library/borrow/reserves-faculty.aspx for more information.

Additional Instructions: _____

_____

Inventory: _____