

FACULTY RESERVE FORM

Professor _____ Semester _____

Department _____ Course title _____

Course Number _____

Loan Time Options (Please indicate in Loan Time Column): **2 hours (Not to Leave Library), 24 hours, 3 days**

Professor will supply	Title	Call Number	Year	Loan Time
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				
Yes No				

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Signature Date

CIRCULATION STAFF ONLY:

Date Received	Initials	Date Processed	Initials