Stevenson Library

Reserve Request Form (Media)

Instructor Name_____ Phone: _____

Course Name: _____ Course Number: _____

Dates materials should be on reserve: from: _____ to: _____

Loan Period: 2 HOUR OVERNIGHT 3 DAY 7 DAY

- Limit of 5 copies per title. **Only original copies permitted.**
- Please allow 3-4 business days to process.
- Personal copies may be placed on reserve, but the library assumes no responsibility for their protection beyond that given to its own.
- It is the responsibility of the faculty to follow all copyright laws when placing items on reserve.
- Media on 2 hr. reserve will not be circulated overnight without written permission from the professor.

This material meets fair use guidelines ☐ I have obtained permission ☐

Signature _____ Date _____

Call Number	Author	Title	Anticipated First Use