RESERVE REQUEST FORM

Professor’s Name: ____________________________  e-mail address: __________

Course Name ______________________________  Course Number: __________

Total # of items: ______________  Date to be removed: ______________________

Type of Reserve

  Restricted (in library only):  ____

  Overnight (check out overnight):  ____

Please allow at least 24 hours for the item(s) to become available.

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