Reserve Request Form
Weinberg Memorial Library Circulation Department 941-7524

Name_____ Tel # _____ Course Name/Number _____

(TO BE FILLED OUT BY CIRCULATION STAFF)

Date Received_____Time Received_____ Accepted By: (Circ Staff Initials)_____

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Circulation period: ( ) 3 Hours in Library Use Only
( ) 1 Day (Overnight)
( ) 3 Day
( ) 1 Week

Reserve Type: ( ) Print
( ) ERes Electronic Reserves
( ) Both

( ) **Please return all my reserve materials at the end of the semester:**
( )Fall 200___ ( )Intersession 200___ ( )Spring 200___ ( )Summer 200___

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