

AV Media Reserve Information Form

Professor's Name _____

Reserve Length

_____ 2 Hours No Overnight

_____ 2 Hours With Overnight

_____ 1 Day

_____ 3 Days

_____ 7 Days

Course Name and Number _____

Date material needed by students: _____ (Allow 1 day to 2 weeks at the beginning of the semester)

Keep on reserve until: _____ End of fall semester

_____ End of spring semester

_____ Other _____

For **personal copies** this portion must be filled out:

_____ I Understanding that library staff will use reasonable care while the following items are on reserve, I do not hold the library responsible for damage or loss: (List items and sign below.)

Call Number (if library owned)

Title

Call Number (if library owned)	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please order the item(s) above that I have checked for the library collection.

Signature: _____ Date: _____

Staff Use Only

Number of items received _____

Date and time received _____

Staff initial _____