

AUM LIBRARY RESERVES

INSTRUCTOR: _____ DATE: _____

NUMBER OF ITEMS: _____ (BOOKS: _____ DVD/VID: _____ OTHER: _____)

COURSE NUMBER/SECTION(S): _____
(for example: HIST 1020 A or HIST 1020 A & B)

COURSE TITLE: _____
(for example: World History Since 1648)

**** Would you like personal items sensitized? Yes _____ No _____ ****

RESERVE PERIOD: PLEASE CHOOSE ONLY **ONE!!**

_____ 1 HOUR IN-LIBRARY USE _____ 1 DAY RESERVE
_____ 2 HOUR IN-LIBRARY USE _____ 2 DAY RESERVE
_____ 4 HOUR IN-LIBRARY USE _____ 7 DAY RESERVE

TITLE 1: _____
TITLE 2: _____
TITLE 3: _____
TITLE 4: _____
TITLE 5: _____
TITLE 6: _____
TITLE 7: _____
TITLE 8: _____
TITLE 9: _____
TITLE 10: _____

PREFERRED PHONE NUMBER: _____ EMAIL ADDRESS: _____

****In the future, PLEASE consider using the online Reserve Request form to process your reserves requests. If you need any assistance, don't hesitate to ask.****

FOR OFFICE USE ONLY:

NUMBER OF SEMESTER CHECK-OUTS?	
WILL ITEM(S) BE RE-NEWED FOR NEXT SEMESTER?	
IS COPYRIGHT NEEDED?	
WHAT ARE THE ACTIVE DATES FOR COPYRIGHT MATERIAL?	

