

MEDIA RESERVE REQUEST FORM

COURSE NUMBER _____
SEMESTER _____
INSTRUCTOR _____
EMAIL _____
PHONE _____
DATE _____

** Please use a new form for each course*
**Please allow a minimum of two business days for processing.*
**Media Reserve items do not leave the Library and have a two hour checkout period.*

Title	Format	Personal (P)* or Library Owned (LO)	Barcode # (added after processing)	Removed Professor Initial & Date

If more than 5 items per course, please continue on back.

WAIVER FOR PERSONAL ITEMS*

I release Sims Memorial Library from any financial responsibility should my personal items be lost or damaged. I realize that these items will be processed by the library staff for placement on reserve. Processing may including adding adhesive labels or other minor alterations to packaging. THIS WAIVER MUST BE SIGNED BY THE INSTRUCTOR BEFORE PERSONAL ITEMS ARE PLACED ON RESERVE

RESERVE PICK-UP INSTRUCTIONS

Please initial and date next to any items you wish to remove from reserve. Any personal items will be given back to you at this time and all library owned items will be returned to regular circulation. Unless otherwise directed, all items will be removed from Media Reserve one week after the end of the current semester.

STAFF USE ONLY	
Date Instructor Requested Removal _____	Initial _____
Date Removed from System _____	Initial _____

