

Date Received: _____ Time: _____ Initials: _____ Date Completed: _____ Time: _____ Initials: _____

California State University, Stanislaus Library

RESERVE REQUEST

Instructor Name: _____ E-mail Address: _____

Department: _____ Campus Phone: _____

Course Code: _____ Course Name: _____

Item(s) to be placed on reserve at (check one): Turlock Stockton Both

Separate forms are to be filled out if items are being sent to both Turlock and Stockton campuses.

Semester (check one): Fall Winter Spring Summer Academic Year: _____

Item(s) Loan Periods:

- 2 Hour Library Use Only
- 2 Hour Out of Library Use
- 2 Day Use
- Overnight Use Only
- Overnight Use After 4 p.m.
- 1 Week Use

Date Items to be removed from Reserve: _____

ITEM INFORMATION

**Please list title(s) of item(s) as shown on syllabus*

***FACULTY IS RESPONSIBLE FOR ASSURING THAT ALL MATERIALS LISTED COMPLY WITH COPYRIGHT LAW (TITLE 17 U.S. CODE)**

Title (e.g. Book, Video, Article): _____

Author: _____ **# of Copies:** _____

Call Number (if available): _____

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Library Use Only

Treated Barcode Label Slips Copy to Stockton Removed Date: _____ Initials: _____

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