RESERVE INFORMATION FORM – MEDIA ITEMS

| PROFESSOR'S NAME | COURSE NAME AND NUMBERS | RESERVE LENGTH |
|------------------------------------|--|--|
| | | _ 2 hours In Library Use Only |
| | | _ 4 hours In Library Use Only (USED ONLY IF VIDEO IS OVER 120 MINUTES) |
| Date needed by students:semester.) | (Please allow at least 24 hrs. pro | |
| | End of Fall SemesterEnd of Spring SemesterOther | |
| # OF ITEMS RECEIVED | DATE AND TIME REC'D | STAFF INITIAL |
| CALL NUMBERS AND/OR T | TITLES OF ITEMS: | |
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| | | |
| FOR VIDEOS/ITEMS YO | OU PERSONALLY OWN THIS PORTIO | ON MUST BE FILLED OUT: |
| | HAT LIBRARY STAFF WILL USE REASONABI RVE, I DO NOT HOLD THE LIBRARY RESPONS | |
| SIGNATURE: | | DATE: |
| | | |
| Please order the item | (s) I have checked for the AV library collection | etion. |