CONNELLY LIBRARY RESERVE REQUEST FORM

**** Please allow at least two weeks for processing.***

INSTRUCTOR:_____ **DEPARTMENT:**_____

COURSE NAME & NUMBER:_____

USE: _____**LIBRARY USE ONLY** _____**OVERNIGHT - 1 NIGHT**
_____**OVERNIGHT - 2 NIGHTS** _____**1 WEEK**

PLACE MATERIAL ON RESERVE FROM _____ **TO** _____

Please remember: Materials will not be available to students until they have been processed.

COPIES	AUTHOR	TITLE	CALL NUMBER

All Materials are removed from reserve at the end of each term/semester.

Staff Only: Removing Material from Reserve

Date Removed from Reserve ____ /____ /____

Item Record Deleted: ____yes ____no

Bib Record Deleted: ____yes ____no

Course Record Deleted: ____yes ____no

Material Returned to Faculty Member: ____

Material Returned to Department: ____

Signature of Individual Accepting Returned Material:

_____ ____ /____ /____
Name Date