



**FACULTY RESERVE ITEM REQUEST**

(photocopies, books or videos, i.e. non-Blackboard)

Please fill out form in its entirety. Return to Mike Ashby at the Lee and Jim Vann Library.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address** (checked regularly): \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Course Name** \_\_\_\_\_

**Course Number** \_\_\_\_\_

<p><b>How Long Should Item(s) Be In Reserve Collection?</b></p> <p><input type="checkbox"/> All Semester      <input type="checkbox"/> Other : _____</p>	<p><b>Loan Period:</b></p> <p><input type="checkbox"/> Library Use Only    <input type="checkbox"/> 1 day    <input type="checkbox"/> 3 day</p> <p><input type="checkbox"/> 7 day                  <input type="checkbox"/> 14 day</p>
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**Citation: Complete and accurate citations are required before placing any material on reserve.**

Indicate if material is Personal Property or owned by Vann Library by marking the appropriate box.

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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

**\*\*\*IF PLACING PHOTOCOPIES OF ARTICLES OR EXCERPTS FROM BOOKS ON RESERVE\*\*\***

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Adapted from the Medical College of Georgia

**LIBRARY USE ONLY**

**Staff or Student Worker receiving the request (please print name)**

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