Date____________________

Gabriele Library
Reserve Request Form

Course #____________ Semester____________ Course Title__________________

Instructor____________________ Department & Phone______________________

#of IU Library Books____________ #of Personal Books_______________________
   #of CDs________ #of Videos_________ #of Cassettes______________________
   #of Articles_____________ Citation of Articles:______________________________

________________________________________________________________________
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Please be sure all materials comply with copyright regulations. See Copyright Law and Library Reserves document at the Circulation Desk.

Reserve Loan Type (please circle):

Reserves (2 hrs.)    R24 (24 hrs.)    R48 (48 hrs.)    R72 (72 hrs.)

Date of Withdrawal (end of semester)______________________________

Other_____________________________________________________________

Signature of Instructor

Please note: Removals should be requested at least three (3) days before pickup. Personal items must be picked up within two (2) weeks after the end of the semester. Your cooperation will help us to serve you and our students more efficiently. Please call x3823 with any questions.

Thank you in advance for your help.

6/03