Professor _____
Department Address _____
Telephone Extension _____
E-mail Address _____

RESERVE BOOK REQUEST FORM

BOISE STATE UNIVERSITY
ALBERTSONS LIBRARY

Date: _____
Course Number: _____
Course Title: _____
Est. Number in Class: _____

YOU CAN HELP US GIVE YOU BETTER SERVICE IF YOU:

1. Deliver materials to be placed on reserve to the circulation desk and allow 5 to 7 days for processing.
2. Fill in all information requested above.
3. List your requests on this form.
4. Complete a Student Permission Form for student papers to be placed on reserve.
5. Indicate what type of loan period you desire in the column at the left
6. Indicate in the call number column whether you are placing a personal copy on reserve.

Type of Loan 1hr, 2hr, 3hr, 24 hrs, 3 Days, 1 Week, Use in Library Only	Complete Author	Complete Title	Call Number	Date to be placed on reserve	Date to be taken off reserve	Action Take (To be filled in by Library) On	Off

I accept the provisions of Public Law 94-553 (Copyright Law, Title 17, U.S. Code) and will abide by the restrictions prescribed therein.

Signed: _____

NOTICE: The Library accepts no responsibility for the loss, theft, or damage to personal copies placed on reserve.