

Professor \_\_\_\_\_  
 Department Address \_\_\_\_\_  
 Telephone Extension \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

# RESERVE BOOK REQUEST FORM

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ALBERTSONS LIBRARY

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 Course Number: \_\_\_\_\_  
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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.
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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.

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						On	Off

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