

## Reserve Form

Date: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Circulation Options: *Select One*

Library use only       Overnight       Other \_\_\_\_\_

**For security purposes, the library will need to put a security tag in your book.**

Please select one:

Agree       Disagree

**Course material must be picked up on the last day of each semester.**

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Signature

Please submit form and reserve materials to the library.