

Reserve Request Form

Community College of Rhode Island Library

Lincoln/Flanagan Campus
1762 Louisquisset Pike
Lincoln RI 02865
401-333-7058

Newport Campus
1 John Chafee Blvd
Newport RI 02840
401-851-1696

Providence/Liston Campus
1 Hilton Street
Providence RI 02905
401-455-6105

Warwick/Knight Campus
400 East Avenue
Warwick RI 02886
401-825-2491

INSTRUCTOR: _____ DATE: _____

CAMPUS: _____ OFFICE #: _____ PHONE: _____

COURSE NO: _____ SECTION: _____ NO. STUDENTS: _____

COURSE TITLE: _____

Loan Period In Library Use Only Overnight 3 Days 7 Days Other

Materials are assumed to be needed on reserve for the current semester only. If your reserve materials will be used in consecutive semesters, please indicate the date in which the materials should be removed.

Date to remove from reserve: _____

MATERIALS TO PLACE ON RESERVE:

CALL NUMBER	NUMBER OF COPIES	AUTHOR	TITLE

USE ADDITIONAL SHEETS, IF NECESSARY

COMMENTS:

PLEASE NOTE:

The library cannot be held responsible for the condition in which personal copies will be returned to you. Items that are frequently photocopied may develop problems with the binding.

Instructor's Signature: _____

USE REVERSE SIDE FOR PHOTOCOPIED AND ELECTRONIC RESERVES MATERIALS

Author(s):				
Article Title:				
Journal Title:				
Vol. #:	Issue:	Date:	Page #s:	
<u>OR</u>				
Chapter Title:				
Book Title:			Author(s):	
Publisher & Date:			Page #s:	

Author(s):				
Article Title:				
Journal Title:				
Vol. #:	Issue:	Date:	Page #s:	
<u>OR</u>				
Chapter Title:				
Book Title:			Author(s):	
Publisher & Date:			Page #s:	

Author(s):				
Article Title:				
Journal Title:				
Vol. #:	Issue:	Date:	Page #s:	
<u>OR</u>				
Chapter Title:				
Book Title:			Author(s):	
Publisher & Date:			Page #s:	

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