Reserve Request Form
Community College of Rhode Island Library

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:

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<tr>
<th>CALL NUMBER</th>
<th>NUMBER OF COPIES</th>
<th>AUTHOR</th>
<th>TITLE</th>
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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
Photocopies without bibliographic citations or that do not meet copyright compliance will be returned. It is the responsibility of the requesting party to submit all necessary photocopies to the reserves desk. Photocopies remain the property of the faculty member.