

RESERVE FORM for Books



Reserve Department, 101B Stapleton Library, Indiana PA 15705

Joyce Kensey 724-357-4717 jkensey@iup.edu

Hours: Monday – Friday 8:00 – 4:00

Departmental Use: Password _____ Date Notified _____ Previously Notified

Instructor's Name _____ **Date** _____
Last Name First Name

Department Name _____

E-mail _____ **Phone #** _____

Course # _____ **Number of Students in Class** _____

Course Title _____

CIRCULATION
 (If blank – 3 hr. LUO is assumed)

- One-Hour Library Use Only
- Two-Hour Library Use Only
- Three-Hour Library Use Only
- One Day
- Three Day
- Seven Day

REMOVAL DATE
 (If blank – end of current semester is assumed)

- End of Fall
- End of Spring
- End of Intersession
- End of Summer I
- End of Summer II
- Other _____

Book Information:

Title: _____	ISBN: _____
Author: _____	Call Number: _____
Publisher: _____	Library Book
Date Published: _____	Personal Copy

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Materials are put on reserve at the Professor's own risk.

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