**Scarborough Library**

**Course Reserve Form**

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| --- | --- |
| Instructor’s Last Name |       |
| Instructor’s First Name |       |
| Department |       |
| Course Number |       |
| Course Name |       |

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| --- | --- | --- | --- | --- |
| **Title of Reserve Material** | **Author, Director, or creator** | **Format** | **Loan Period** | **Date of Course Reserve Removal** |
|  |  | **[ ]  Book****[ ]  CD****[ ]  DVD****[ ]  Notebook**  | **[ ]  2 hours****[ ]  4 Hours****[ ]  3 Days****[ ]  7 Days** |  |
|  |  | **[ ]  Book****[ ]  CD****[ ]  DVD****[ ]  Notebook** | **[ ]  2 hours****[ ]  4 Hours****[ ]  3 Days****[ ]  7 Days** |  |
|  |  | **[ ]  Book****[ ]  CD****[ ]  DVD****[ ]  Notebook** | **[ ]  2 hours****[ ]  4 Hours****[ ]  3 Days****[ ]  7 Days** |  |

\_\_\_\_[ ] \_\_\_\_ I WILL PICK UP MY RESERVES

\_\_\_\_[ ] \_\_\_\_ RETURN MY RESERVES THROUGH CAMPUS MAIL

If neither option is checked, reserves will be returned through campus mail

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|       |       |
| Signature (or typed name) | Date |