

RESERVE Request Form

PLEASE FILL OUT COMPLETELY

Professor's Name: _____	Sage ID #: _____
Course Name: _____	Number: _____
E-Mail: _____	
Phone Number/Extension: _____	
Campus Address: _____	Department: _____

SEMESTER	LOAN PERIOD	MATERIAL TYPE
Fall: <input type="checkbox"/>	LIBRARY ONLY (Two hours): <input type="checkbox"/>	LIBRARY BOOK: <input type="checkbox"/>
Spring: <input type="checkbox"/>	OVERNIGHT: <input type="checkbox"/>	PERSONAL COPY BOOK: <input type="checkbox"/>
Summer I: <input type="checkbox"/>	THREE DAYS: <input type="checkbox"/>	Article Photocopy: <input type="checkbox"/>
Summer II: <input type="checkbox"/>	ONE WEEK: <input type="checkbox"/>	DVD/Video: <input type="checkbox"/>
Summer III: <input type="checkbox"/>	MEDIA (three hours): <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

Author/Editor	Complete Title	Citation/Call #

<p>PLEASE NOTE:</p> <ul style="list-style-type: none"> Requests will take at least 1-2 business days to be processed. A request cannot be processed until all above information is complete. All reserves will be removed at the end of their designated semester. One copy of a reserve will be put on per class in compliance with copyright law. 	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE USE ONLY</p> <table style="width: 100%;"> <tr> <td style="text-align: right;">ACTION TAKEN</td> <td style="text-align: right;">DATE</td> </tr> <tr> <td style="text-align: right;">Received: _____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Copyright Check: _____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Processed: _____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Removed: _____</td> <td>_____</td> </tr> </table>	ACTION TAKEN	DATE	Received: _____	_____	Copyright Check: _____	_____	Processed: _____	_____	Removed: _____	_____
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CIRCULATION DEPT.
TROY: 244-2249 / ALBANY: 292-1721