VIDEO RESERVE REQUEST

PROFESSOR: ___________________________________________  Last Name  First Name

COURSE NUMBER (Example: ECON 1234): ________________________________

COURSE TITLE: __________________________________________________________

OFFICE LOCATION: ______________________________________________________
                   (Needed so that materials may be returned to their proper location)

TYPE OF RESERVE: _______ PERSONAL COPY, ROOM USE ONLY
                   _______ MEDIA COPY, ROOM USE ONLY

ITEM TO BE ON RESERVE UNTIL: ______________________________________
                   (If no date is assigned, item will remain on reserve until end of current semester)

REPLACEMENT COST FOR PERSONAL COPIES: $__________________________

TITLES: Please use the space below to write the title(s) that you wish to be put on reserve. Titles allow the students to properly identify the requested material. Thank You.

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Date _______________  Signature of Instructor or Deliverer __________________________

NOTE SECTION:

Item placed on reserve          Initials  Date

Item taken off reserve          Initials  Date

Item picked up                  Signature  Date

*** NOTE: A SandDollar ID is strictly required for all checkouts***