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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.

TITLES	BARCODES

_____
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******