

LCSC Library RESERVE Form

Instructor:	Date:
Department:	Course Number:
Telephone Extension:	Course Title:
Email Address:	Number of Students in Class:

Article or Book Title:	Article or Book Title:
Journal Title, Volume, and Issue (if applicable):	Journal Title, Volume, and Issue (if applicable):
Author:	Author:
Publication Date:	Publication Date:
ISSN/ISBN:	ISSN/ISBN:
Page Numbers of Document*/Total Number of Pages: or Chapter Title (if applicable)	Page Numbers of Document*/Total Number of Pages: or Chapter Title (if applicable)
Student Checkout Length: 1hr 2hr 3hr 4hr Overnight 1 Day 3 Days 1 Week	Student Checkout Length: 1hr 2hr 3hr 4hr Overnight 1 Day 3 Days 1 Week
In Library Use Only: Y N	In Library Use Only: Y N
Date To Be Removed From Reserve:	Date To Be Removed From Reserve:

*The total number of pages submitted must not exceed 10% of the original book, and/or is limited to one article per journal issue
The Library accepts no responsibility for the loss, theft, or damage to personal copies placed on reserve

LIBRARY STAFF USE ONLY:	Placed on Reserve: Y N	Date:	Initials:
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Instructor Signature Upon Removal from Reserve:	Date:
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