

RESERVE REQUEST FORM

Instructor _____
Email address _____
Department _____
Course # _____
Course name _____
Today's Date _____
Needed on
reserve by: _____

DESCRIPTION OF RESERVE ITEM & SPECIAL INSTRUCTIONS:

RESERVE TYPE

- 2-Hour
- 1-Day
- 3-Day
- Permanent
- E-Reserve

REMOVAL DATE

- End of semester
- End of school year
- Permanent (no expiration date)*
**Not applicable to E-Reserves.*

Folke Bernadotte Memorial Library
<http://www.gustavus.edu/oncampus/academics/library/circ.html#Reserves>

For assistance with reserves, please contact the
Circulation Services Department at x7558.

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