

**UW Oshkosh Polk Library
Reserve Material Form**

Intake # _____

Instructor (Print Name): _____

Department and Course #: _____

Email Address: _____ Telephone #: _____

Are you aware of students with reading or visual impairments in this class? Yes No

Signature*: _____

*Signature indicates compliance with copyright rules.
Copyright restrictions may apply to photocopied materials.

Type of reserve:

Electronic

2 hours

24 hours

3 days

7 days

14 days

Semester(s) on Reserve:
(Please check all that apply)

Summer 2011

Fall 2011

Fall Interim

Spring 2012

Spring Interim

Material will be removed from reserve following the last semester checked.

Copyright information must be included on the first page of all photocopies or they cannot be processed.

- Excerpts from books: Cite author/editor, title, edition, publisher, place of publication and copyright date.
- Excerpts from periodicals: Cite title of article, author of article, title of periodical, volume, issue and date.

Call Number (If Library-owned.)	Title	Date Needed by	Was this on reserve previously?	Staff use only
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
	<u>Over for more items...</u>		<input type="checkbox"/> Y <input type="checkbox"/> N	

****Staff Use Only****

Received by:

Posted:

Removed:

Total # of items

____/____/____ _____
Date Time Init.

____/____/____ _____
Date Time Init.

____/____/____ _____
Date Time Init.

