

**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:
<input type="checkbox"/> Electronic
<input type="checkbox"/> 2 hours
<input type="checkbox"/> 24 hours
<input type="checkbox"/> 3 days
<input type="checkbox"/> 7 days
<input type="checkbox"/> 14 days

Semester(s) on Reserve: (Please check all that apply)
<input type="checkbox"/> Fall 2009
<input type="checkbox"/> Fall Interim
<input type="checkbox"/> Spring 2010
<input type="checkbox"/> Spring Interim
<input type="checkbox"/> Summer 2010
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
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
	<u>Over for more items...</u>		Y / N	

****Staff Use Only****

Received by: _____
 _____ / _____ / _____
 Date Time Init.

Posted: _____
 _____ / _____ / _____
 Date Time Init.

Removed: _____
 _____ / _____ / _____
 Date Time Init.

Total # of items

