http://www.uwosh.edu/library/reserves/reserve-material-form

UW Oshkosh Polk Library

Reserve Material Form

Intake #_____

Instructor (Print Name):_____

Department and Course #: _____Section #_____

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 on D2L**
- ☐ **2 hours**
- ☐ **3 hours (videos)**
- ☐ **24 hours**
- ☐ **3 days**
- ☐ **7 days**

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

- ☐ **Fall 2014**
- ☐ **Fall Interim**
- ☐ **Spring 2015**
- ☐ **Spring Interim**
- ☐ **Summer 2015**

Material housed at Polk Library 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	
	Over for more items…		☐ Y ☐ N	

****Staff Use Only****

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

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

Removed:
____/____/____ _____ _____
Date Time Init

Total # of items

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