Print/EdLab Reserve Request Form

Weinberg Memorial Library
Circulation Department 570-941-7524

Instructor_____ Tel # _____ Course Name/Number _____

Semester _____ Year_____

Loan period: ( ) 3 Hours in Library Use Only
( ) 1 Day (Overnight)
( ) 3 Day
( ) 1 Week

> TO BE FILLED OUT BY
> CIRCULATION STAFF:
>
> Date Received _____
> Time Received _____
> Initials _____

( )   **Please return my reserve materials at the end of the semester:**

To comply with the Copyright for the Millennium Act, cite items fully: author, title, publisher and copyright.
A copy of your syllabus is requested.
Please allow 48 hours for processing.

Author	Title (as you would like it to appear in our catalog)	Source of information/Citation Title, volume, issue, etc.	Copyright Date