

RESERVE REQUEST FORM

Please allow two working days for processing.
Fill out form as completely as possible.

Instructor (last name, first initial)

Phone #

Office #

Today's Date

Term/Year

Removal Date

Course #

Personal	Call #/	Notebook, Folder or	# of	Copies	HOUR	2	HOUR	24	DAY	3	DAY	7	Author	Title
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