

Reserve Form for Books

OFFICIAL USE	<input type="checkbox"/>
Date Received:	

Reserve Department, 101 Stapleton Library, Indiana PA 15705
Joyce Piper 724-357-4717

www.iup.edu/libraries/reserves/
e-reserve@iup.edu

Instructor's Name _____
Last First

Date _____

Department Name _____

Email _____

Department Office Location _____
Building and Office Number

Phone # _____

Course # _____

Course Title _____

Circulation Loan Period
(If blank 1hr is assumed)

- 1 Hour Library Use Only
- 2 Hour Library Use Only
- 3 Hour Library Use Only
- 1 Day
- 3 Day
- 7 Day

Please choose the beginning and ending semesters for your items.

Beginning Semester (year)

- Fall _____
- Spring _____
- Pre-Session _____
- Summer I _____
- Summer II _____
- Other _____

Ending Semester (year)

- Fall _____
- Spring _____
- Pre-Session _____
- Summer I _____
- Summer II _____
- Other _____

Citation Information:

Title: _____	<input type="checkbox"/> Personal Copy
Author: _____	ISBN #: _____
Publisher: _____	<input type="checkbox"/> Library Book
Date Published: _____	Call Number: _____

Title: _____	<input type="checkbox"/> Personal Copy
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Publisher: _____	<input type="checkbox"/> Library Book
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Processing time depends on the volume of items received.
Materials are put on reserve at the Professor's own risk.