Trinity University Library

RESERVE REQUEST FORM

Professor/Instructor:_____ Home Phone Number: _____
E-Mail: _____ Office Extension: x_____

Semester: (Check One)

☐ Fall Term ☐ Spring Term ☐ Summer Term

Course Title and Number: _____
(e.g., Title: Intro. To Sociology; Course: SOC 100WE)

Number of Students in Class: _____

Have these materials been on reserve before? ☐ Yes ☐ No
** For any Photocopy, please include the citation
** For any personal copy, do you give permission for us to attach a barcode and a security strip? ☐ Yes ☐ No
** Would you like these materials to remain on reserve after the end of the semester indicated above? ☐ Yes ☐ No
If so, how long after? _____

Author of Reserve Material	Title of Reserve Material	Call#/Personal Copy (PC)	Staff Use (Barcode)

Please allow 3 working days for processing reserves BEFORE ASSIGNING materials to your class.