

Greenblatt Library Electronic Reserves Request Form

Course Information

Course Name _____
Course Number _____
Instructor's Name _____
Instructor's Barcode _____
Desired Password _____
Start Date _____
Semester End Date _____

(Items will be removed on this date)

Notes

Copyright Compliance Statement Attached? Yes No (Items will not be processed until received)

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Payment Information (Required only if requesting the library provide the electronic copies.)

Charges are \$5/item

IDR or Cash/Check

Send IDR to:

Name _____

Dept. Address _____

Ext. _____



Items for Electronic Reserves (Attach additional sheet if needed)

**I would like an electronic copy of each item checked also sent to me.
 __Yes __No**

ARTICLES

Library to scan? (\$5 each)	Journal Title	Vol	Issue	Pages	Pub Date	Author	Article Title

BOOK CHAPTERS

Library to scan? (\$5 each)	Book Title	Book Editor or Author	Pages	Pub Date	Publisher	Chapter Number and Title

OTHER DOCUMENTS (class notes, etc.)

Library to Scan? (\$5 each)	Type of Material	Author	Title