

KVCC LIBRARY RESERVE FORM

Fill in the form and send to the Library Circulation Department along with material for reserve
Please allow 24 week day hours for processing before announcing availability to students.

Instructor _____ Date _____

Department _____ Campus Phone _____ Office Number _____

Course Number (ex. ENG 110) _____ Course Name _____

List other instructors/classes that will also be using this material _____

I have read, understand, and will follow the KVCC Library reserve policies and copyright guidelines.
I do not hold KVCC Library responsible for any damage to or loss of any personal material placed on reserve at my request. I assume the responsibility of compliance with copyright law in the matter of any reproduced materials placed on reserve in my behalf.

Signature _____

Title _____					
Author _____					
Loan Options (choose one)	2 Hours	1 Day	2 Days	1 Week	2 Weeks
Semester	Fall	Winter	Summer		
Article Source:					
Book or Journal Title _____					
Date _____		Volume/Issue _____		Pages _____	
Book Citation:					
Call Number _____		Year/Edition _____		Publisher _____	
Office Use Only Assigned Call Number _____ Done _____ Initials _____					

Title _____					
Author _____					
Loan Options (choose one)	2 Hours	1 Day	2 Days	1 Week	2 Weeks
Semester	Fall	Winter	Summer		
Article Source:					
Book or Journal Title _____					
Date _____		Volume/Issue _____		Pages _____	
Book Citation:					
Call Number _____		Year/Edition _____		Publisher _____	
Office Use Only Assigned Call Number _____ Done _____ Initials _____					