EVMS Brickell Library
RESERVE COLLECTION REQUEST FORM

Please save this form to your computer before filling out.

Instructor: _____ Telephone: _____

Department: _____ Class: _____

Materials available by _____ & removed from library reserve by _____

DESCRIPTION OF MATERIAL:

Format: ☐ Book ☐ Exam(s) ☐ Lecture Notes

☐ ONE Photocopy of an article (include citation information below)

☐ Multiple Photocopies _____ of an article (include citation & Copyright Permission*)

☐ Other. Please describe below

Title (or description)	Author	Journal	Date	Page(s)

CHECK OUT PERIOD:

☐ 2 Hr/Overnight (Two hours before closing to be returned one hour after opening the next day)

☐ Overnight only ☐ 3 Days ☐ 1 Week ☐ Library Use Only

→ **Please allow at least one working day for processing this material**

☐ Check here if material is to be returned to instructor; indicate address to which material are to be returned when taken off Reserve: _____

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I certify that the material I am placing on Reserve complies with the Copyright Law of 1976, Title 17 of the U.S. Code.

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Signature of Instructor Date

Please send completed forms to LaVonda Harris (HarrisLN@evms.edu). Call Ms. Harris (757-446-5850) to address any questions regarding this form.