

Off Reserve Processing Request

Date submitted: _____

Date received: _____

Instructor Information:

Name: _____

Campus Mailing Address: _____

Phone: _____

E-mail: _____

Course Information:

Course Department and Number (as listed in the course catalog) _____

Course Name: _____

Indicate the materials that you wish to have removed from reserve:

Remove the entire list

Remove the specific item(s) listed on the back of this form.

For staff use: if the faculty wishes to take their materials with them

1. Charge out the item(s) to the faculty.

2. Staple the charge slip to this form and place it on the Reserve Processing Shelf.

03/05

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