

Clarion University Libraries

Reserve Submission Form

E-mail: reserves@clarion.edu

Phone: (814) 393-2304

Date: _____

Instructor's Name: _____

Course Name: _____ Office Address: _____

Phone: _____ Email: _____

Semester and Year: _____ Number of Students in Class: _____

Course Description _____

Reserve Suggestions

Not following guidelines will slow processing time.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Please be as complete as possible. • Please submit 8.5 x 11 photocopies only. • Fasten photocopies with paper clips (NO staples). • Try to eliminate black margins and gutters on photocopies. | <ul style="list-style-type: none"> • Please include the article's full bibliographic citation on the first page of each photocopy <i>in addition</i> to filling out this form. • Please indicate whether you want the original / scanned / photocopied items returned to you.
 <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div> |
|---|---|

Reserve Articles

Book/Journal Title:		Will this material be used for more than one semester?
Chapter/Article Author:		
Chapter/Article Title:		
Book/Journal Author/Editor:	Publication Date:	Have you obtained the author's permission to use this material?
Publisher:	Volume & Issue:	
Page numbers of excerpt::	Total pages of excerpt:	
How many pages are in this book?	Is this available electronically?	

Book/Journal Title:		Will this material be used for more than one semester?
Chapter/Article Author:		
Chapter/Article Title:		
Book/Journal Author/Editor:	Publication Date:	Have you obtained the author's permission to use this material?
Publisher:	Volume & Issue:	
Page numbers of excerpt::	Total pages of excerpt:	
How many pages are in this book?	Is this available electronically?	