

RESERVE ROOM FORM

DATE _____

INSTRUCTOR _____

COURSE NAME/NUMBER _____

AUTHOR _____

TITLE _____

ITEM NUMBER _____

MATERIAL SOURCE: XAVIER [] PERSONAL []

CIRCULATION TIME:

CLOSED RESERVE []

OVERNIGHT RESERVE []

3—DAY RESERVE []

7—DAY RESERVE []

DATE MATERIAL IS TO BE TAKEN OFF RESERVE _____

HOW DO YOU WANT TO RELEASE RESERVE MATERIAL?

PICKUP []

MAIL []

THROW AWAY []