

# Reserve Form for Media

OFFICIAL USE	<input type="checkbox"/>
Date Received:	

Reserve Department, 101 Stapleton Library, Indiana PA 15705

Joyce Piper 724-357-4717

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[www.iup.edu/libraries/reserves/](http://www.iup.edu/libraries/reserves/)  
[e-reserve@iup.edu](mailto:e-reserve@iup.edu)

Instructor's Name \_\_\_\_\_  
Last First

Date \_\_\_\_\_

Department Name \_\_\_\_\_

Email \_\_\_\_\_

Department Office Location \_\_\_\_\_  
Building and Office Number

Phone # \_\_\_\_\_

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

If you are needing a media item held for a specific day to show in class please submit a "Media Circulation Hold Form" at the Media desk.

## \*Circulation Loan Period\*

(If blank 1hr is assumed)

- 1 Hour Library Use Only
- 2 Hour Library Use Only
- 3 Hour Library Use Only
- 1 Day
- 3 Day
- 7 Day

## Please choose the beginning and ending semesters for your items.

### Beginning Semester (year)

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Pre-Session \_\_\_\_\_
- Summer I \_\_\_\_\_
- Summer II \_\_\_\_\_
- Other \_\_\_\_\_

### Ending Semester (year)

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Pre-Session \_\_\_\_\_
- Summer I \_\_\_\_\_
- Summer II \_\_\_\_\_
- Other \_\_\_\_\_

## Citation Information:

Title: \_\_\_\_\_

Artist/Director: \_\_\_\_\_

This will be the title posted on the Reserve list

PLEASE SELECT ONE:  CD  DVD  VHS  Cassette

PLEASE SELECT ONE:  Personal Copy  Library Media - Call Number: \_\_\_\_\_

Title: \_\_\_\_\_

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**Processing time depends on the volume of items received.**  
*Materials are put on reserve at the Professor's own risk*