

Reserve Form for Photocopies

A signed "Fair Use Checklist" must be submitted with every photocopy

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

Reserve Department, 101 Stapleton Library, Indiana PA 15705

Joyce Piper 724-357-4717

Meghan Evanko 724-357-5583

www.iup.edu/libraries/reserves/
e-reserve@iup.edu

Instructor's Name _____
Last First

Date _____

Department Name _____

Email _____

Department Office Location _____
Building and Office Number

Phone # _____

Course # _____

Course Title _____

Circulation Loan Period
(If blank 1hr is assumed)

Please choose the beginning and ending semesters for your items.

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

- 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:

Article/Chapter Title: _____

Title of Book or Journal: _____

Author: _____ ISBN/ISSN: _____

Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____

Publisher: _____ Date Published: _____

Article/Chapter Title: _____

Title of Book or Journal: _____

Author: _____ ISBN/ISSN: _____

Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____

Publisher: _____ Date Published: _____

Article/Chapter Title: _____
Title of Book or Journal: _____
Author: _____ ISBN/ISSN: _____
Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____
Publisher: _____ Date Published: _____

Article/Chapter Title: _____
Title of Book or Journal: _____
Author: _____ ISBN/ISSN: _____
Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____
Publisher: _____ Date Published: _____

Article/Chapter Title: _____
Title of Book or Journal: _____
Author: _____ ISBN/ISSN: _____
Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____
Publisher: _____ Date Published: _____

Article/Chapter Title: _____
Title of Book or Journal: _____
Author: _____ ISBN/ISSN: _____
Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____
Publisher: _____ Date Published: _____

Article/Chapter Title: _____
Title of Book or Journal: _____
Author: _____ ISBN/ISSN: _____
Page Range/Chapters: _____ Volume: _____ Issue #: _____ Edition/Year: _____
Publisher: _____ Date Published: _____

**Processing time depends on the volume of items received.
All photocopies are subject to review by circulation staff before being placed on reserve.**