Reserves Request Form

Professor’s Name:  
Date:  
Department:  
email:  
Phone #:  
Course #/Title:  
Semester:  
□ Fall  
□ Spring  
□ Summer  
Year:  

A new Reserves Request Form is required EACH semester.

Please check one of the options below, sign, and date:

□ The materials being placed on reserve fall within FAIR USE provisions of Section 107 of the U.S. Federal Copyright Law.

□ Copyright permission has been obtained.

*Signature: ___________________________________________ Date: ____________

PLEASE ALLOW UP TO 2 WEEKS FOR PROCESSING. List high priority items first.

Questions? Contact: Susan Tsiouris - sctsiouris@widener.edu or 610-499-4069

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<tr>
<th>Book/Article/Video Title, author, pages, Journal title, volume, issue, &amp; other identifying information</th>
<th>Please check one</th>
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| □ Professor’s book  
□ Professor’s video  
□ Library book  
□ Library video  
□ Other | □ 8 HOURS in Library  
□ 3 HOURS in Library  
□ 3 HOURS outside of Library  
□ 1 Day  
□ 3 Days  
□ 7 Days | |
| □ Professor’s book  
□ Professor’s video  
□ Library book  
□ Library video  
□ Other | □ 8 HOURS in Library  
□ 3 HOURS in Library  
□ 3 HOURS outside of Library  
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| □ Professor’s book  
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Revised 9/13/2018  SCT  
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