

Reserve Processing Form
(Please print legibly)

Professor's Name: _____ E-mail Address: _____

Subject & Course #: _____ Phone #: _____ P.O. Box _____

Please check the box or boxes that apply.

Electronic Reserve (eReserve)

_____ Paper **(Please supply a copy of the copyright statement--for copyrighted works only.)**
 _____ Is the paper printed on both-sides?
 _____ Electronic Media (cd-rom, zip disk, USB drive) Do you want it returned? _____

Traditional Reserve

_____ File Folder **(Please supply a copy of the copyright statement--for copyrighted works only.)**
 _____ Reserve Book

Title Information

How is the item listed in your syllabus?

(Mark Those that Apply)

_____ Title of article
 _____ Title of book
 _____ Title of chapter
 _____ Author's last name
 _____ Other _____

Release from Reserves--Check or write in date(s)

End of Semester: _____
 Active Dates _____
 Other _____

_____ **Is there a specific time to post the material to the web?** _____

With the semester's first submission, **please attach a copy of the syllabus.** This will aid us in processing reserve items correctly and will help insure that your students are getting the items that you have placed on reserve.

Date Received: _____

No. Of Items Submitted: _____

For Office Use Only

Paper Reserves

No. Processed	Date Processed	Stats. Entered-Paper Reserve

Electronic Reserve New E-Reserve User _____ (please check here)

	No. of items/pages etc.	Date Processed	Stats. Entered
Pages Scanned			
Documents Processed			
FTP to Server/Items Checked on Internet			
Username (for new Professors)			
Password (for new Professors)			