eReserve/Reserve Processing Form
(Please print legibly)

Professor's Name: _____ Email Address: _____

Subject & Course #: _____ CRN: _____ Phone #: _____ P.O.Box_____

Please check all that apply.

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, USB drive)   Do you want it to be returned?   _____

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

Print Reserves

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

Title Information

<u>How should the item(s) be listed on the eReserve page?</u>
(Mark One)

_____ Title of article
_____ Title of book
_____ Chapter number
_____ Author's last name
_____ Other _____

Notes: _____

_____

_____

_____

_____

_____

_____

With the semester's first submission, please attach a copy of the syllabus. This will aid us in processing Print Reserve items correctly.

# of items submitted: _____   Date received: _____

For Office Use Only

Print Reserves

# Processed	Date Processed	Stats. Entered-Print Reserves

Electronic Reserve   New eReserve User ? _____

# of Documents Processed		Date Processed	Stats. Entered
Items working on eReserve page ?			