Print/EdLab Reserve Request Form

Weinberg Memorial Library
Circulation Department 570-941-7524

Instructor_____ Tel # _____ Course Name/Number _____

Semester _____ Year_____

Loan period:
( ) 3 Hours in Library Use Only
( ) 1 Day (Overnight)
( ) 3 Day
( ) 1 Week

TO BE FILLED OUT BY CIRCULATION STAFF:

Date Received _____
Time Received _____
Initials _____

( ) **Please return my reserve materials at the end of the semester:**

- **To comply with the Copyright for the Millennium Act, cite items fully: author, title, publisher and copyright.**
- **A copy of your syllabus is requested.**
- **Please allow 48 hours for processing.**

Author	Title (as you would like it to appear in our catalog)	Source of information/Citation Title, volume, issue, etc.	Copyright Date