**Hard Copy Reserve** (Use this form to place NON-electronic items on reserve.)

Instructor\*

Department

Phone

AU Email

\*If the course needs to be crossed-referenced, please indicate the name of each instructor.

Reserve requests are valid for the session marked.

Course Name & Number

CHOOSE A TERM: (Full Academic YEAR

) (FALL

) (SPRING

) (SUMMER Sessions: FULL

1st

2nd

3rd

Check out period for materials: 2 hour

1 Day

3 Day

7 Day

The materials that I am submitting for reserve abide by the Copyright Law of the United States, the Board of Regents of the University System of Georgia Guidelines, and the Augusta University Guidelines. The following websites provide more information concerning copyright: [<http://www.usg.edu/copyright/>] [<http://www.copyright.gov/>].

Instructor signature

# Record the call numbers for library materials.

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| --- | --- | --- | --- |
| **Call Number** | **Author** | **Title** | **Status (For Office Use)** |
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Submit materials and form at the circulation desk, or fill out, save and email this form and have any materials delivered. After we process your materials, we'll send a confirmation email to your Augusta University account.

# FOR OFFICE USE ONLY:

Date Received and Initials of Desk worker:

Date Posted:

 Print Form