

For Library Use Only
Staff Initials: _____
Date Received: _____



CENTRAL PIEDMONT COMMUNITY COLLEGE Library Reserve Request Form

Instructor Information

| | |
|-------------------------------|--|
| Name | |
| Email Address | |
| Department | |
| Phone Number | |
| Office Number (if applicable) | |

Course Information

| | |
|------------------------|--|
| Course Name | |
| Course Prefix & Number | |
| Course Campus Location | |

Reserve Information

| | |
|---|--|
| Title | |
| Author | |
| Edition or Publication Date | |
| ISBN Number | |
| Journal Title (if applicable) | |
| Journal Issue/Volume (if applicable) | |
| Journal Publishing Date (if applicable) | |

Beginning Date for Reserve (MM/DD/YYYY): _____

Ending Date for Reserve (MM/DD/YYYY): _____

Reactivate Reserve at a later time? _____

Note: Photocopied material cannot be reactivated due to Fair Use limitations.

Loan Period: Library Use Only/3 Hours 3 Days

Type of Material: Personal Copy Department Copy Library Copy

NOTICE OF COPYRIGHT COMPLIANCE: I hereby state that, to the best of my knowledge, any and all materials that I am placing on reserve are in compliance with the Fair Use provisions of U.S. copyright law. By signing this form, I state that I understand that CPCC Libraries has no culpability if the aforementioned materials are in violation of U.S. copyright law.

Signature: _____ Date: _____

PLEASE ALLOW 2 BUSINESS DAYS FOR RESERVES PROCESSING