

**THURGOOD MARSHALL SCHOOL OF LAW LIBRARY
RESERVE REQUEST FORM**

Professor's Name: _____ Ext.: _____

Date: _____ Course: _____

List the items to be placed on Reserve. Please provide the following information:

Title	Author / Editor / Publisher	# of Copies	*Format	**Material Type
1.				
2.				
3.				
4.				
5.				

Provide the Material Type and Format from the list below:

***Format:** Article Paper Book CD Diskette Video Audio
****Material Type:** Library Copy Photocopy Personal Copy

Semester needed:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
-------------------------	-------------------------------	---------------------------------	---------------------------------

Please indicate below how you would prefer that we dispose of this material. If no response is received, we will return it to you at the end of the semester indicated above.

No.	Return to Me	Throw Away
1.		
2.		
3.		
4.		
5.		

Special Instructions or Comments: _____
