## THURGOOD MARSHALL SCHOOL OF LAW LIBRARY RESERVE REQUEST FORM

Professor's Name:						Ex	xt.:		_
Date:			Cor	urse:					-
List the items to be place	ed on Re	serve.	Please pr	ovide the	follow	ring informa	tion:		
Title			Author / Editor / Publisher			# of Copies	*Format **Materia Type		
1.						o special			
2.									
3.									
4.									
5.									
**Material Type:  Semester needed:	Library Copy  [ ] Fall			Photocopy  [ ] Spring		Personal Copy  g [ ] Summ		er	]
Please indicate below received, we								onse is	
No.			Return to Me			Throw Away			1
1.									
2.									1
3.									-
4.									_
5.									<u> </u>
Special Instructions or C	Comment	es:							_