Quinn Library  RESERVE FORM

DATE TODAY: _____________          QUARTER: ____________

INSTRUCTOR NAME: _________________________________________

INSTRUCTOR ADDRESS: ______________________________________

COURSE NAME: ________________________

COURSE NUMBER: _____________________

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Item length</th>
<th>4 HOUR LIBRARY USE ONLY</th>
<th>4 HOUR OVERNIGHT</th>
<th>24 HOURS</th>
<th>3 DAYS</th>
<th>7 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUT &quot;X&quot; IN APPROPRIATE BOX BELOW</td>
<td>Item may not leave the library</td>
<td>May be checked out 2 hours before closing, due 2 hours after library opens</td>
<td>Due 24 hours from time of checkout.</td>
<td>Due by closing time of third day.</td>
<td>Due by closing of seventh day.</td>
</tr>
</tbody>
</table>

AUTHOR:

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COMMENTS:

PROCESSED BY:  STUDENT INITIALS________  STAFF INITIALS_______