

Quinn Library RESERVE FORM

**PLEASE
PRINT
LEGIBLY**

DATE TODAY: _____ QUARTER: _____

INSTRUCTOR NAME: _____

INSTRUCTOR ADDRESS: _____

COURSE NAME: _____

COURSE NUMBER: _____

<p>PLEASE PRINT</p> <p>↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>PUT "X" IN APPROPRIATE BOX BELOW ↘</p> </div>	<p>4 HOUR LIBRARY USE ONLY Item may not leave the library</p>	<p>4 HOUR OVERNIGHT May be checked out 2 hours before closing, due 2 hours after library opens</p>	<p>24 HOURS Due 24 hours from time of checkout.</p>	<p>3 DAYS Due by closing time of third day.</p>	<p>7 DAYS Due by closing of seventh day.</p>
<p>AUTHOR:</p> <p>TITLE:</p>					
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COMMENTS:

PROCESSED BY: STUDENT INITIALS _____ STAFF INITIALS _____