Middle Georgia State University Faculty Reserve Form

Please complete this fillable form, print, and send to the Library along with any materials you wish to place on reserve. At the end of the semester all items will be removed from reserve and re-shelved or returned to the instructor. A new form **MUST** be completed each semester.

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Instructor Name:						
Course Name (Title):						
Course Subject/Number:						
Semester/Year:						
E-Reserve Password:						
(Each	course need	s a separate	password. No	specific l	ength - lower o	case with letters and numbers
Item Title	# of	Print (Select loan period for each item title)				Electronic
	copies	Library Use Only	Overnight Use	7-Day	2-Hour	(No loan periods)
For digitized items, the original item must be owned eith must be provided. When submitting items to be scanne will be accepted. The material that I am submitting for Reserves abides b of Georgia Guidelines. The following web sites provide	ed for E-Reso y the Copyri	erves, please ght Law of the	supply a high	es and the	ne-sided copy.	No interlibrary loan copies
http://www.usg.edu/copyright/						
Additional Guidelines for Electronic Reserves						
Signature:		_			Date: _	