

**RESERVE COLLECTION REQUEST FORM**

Edward E. Brickell Medical Sciences Library

Macon & Joan Brock Virginia Health Sciences at Old Dominion University

Please save this form to your computer before filling out.

Instructor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_ Class: \_\_\_\_\_

Materials available by \_\_\_\_\_ & removed from library reserve by \_\_\_\_\_

**DESCRIPTION OF MATERIAL:**

- Format:**     Book                                     Exam(s)                                     Lecture Notes
- ONE Photocopy of an article (include citation information below)
- Multiple Photocopies \_\_\_\_\_ of an article (include citation & Copyright Permission\*)
- Other. Please describe below

| Title (or description) | Author | Journal | Date | Page(s) |
|------------------------|--------|---------|------|---------|
|                        |        |         |      |         |
|                        |        |         |      |         |
|                        |        |         |      |         |

**CHECK OUT PERIOD:**

- 2 Hr/Overnight (Two hours before closing to be returned one hour after opening the next day)
- Overnight only                                     3 Days                                     1 Week                                     Library Use Only

→ **Please allow at least one working day for processing this material**

Check here if material is to be returned to instructor; indicate address to which material are to be returned when taken off Reserve: \_\_\_\_\_

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Please see the following for more information: [Copyright for Teaching](#)

I certify that the material I am placing on Reserve complies with the Copyright Law.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

**Please send completed forms to LaVonda Harris (harrisln@odu.edu). Call Ms. Harris (757-446-5850) to address any questions regarding this form.**