



Harold P. Erickson Library
 Lake Superior College
 733-5912



RESERVE REQUEST

PLEASE ALLOW LIBRARY STAFF AT LEAST 48 HOURS TO PROCESS RESERVE REQUESTS.

Date: _____

These dates **MUST** be filled out.

Instructor _____

Department _____

Course Name _____

Course Number _____

CHECK ONE
Permanent Reserve <input type="checkbox"/>
Remove at end of current semester <input type="checkbox"/>
Remove on specific date: _____

ONLY **REQUIRED** READINGS ARE TO BE PLACED ON RESERVE

AUTHOR	TITLE	USAGE STATISTICS

- **The College and the Library are not responsible for copyright violations. It is the sole responsibility of the individual placing an item on reserve to make certain that photocopies of published works are not in violation of copyright laws.**