

Print/EdLab Reserve Request Form

Weinberg Memorial Library
Circulation Department 570-941-7524

Instructor _____ Tel # _____ Course Name/Number _____

Semester _____ **Year** _____

Loan period: 3 Hours in Library Use Only
 1 Day (Overnight)
 3 Day
 1 Week

Please return my reserve materials at the end of the semester:

To comply with the Copyright for the Millennium Act, cite items fully: author, title, publisher and copyright.

A copy of your syllabus is requested.

Please allow

