

# RESERVE REQUEST FORM

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Fall 201\_\_\_\_ Spring 201\_\_\_\_ Summer 201\_\_\_\_ Date \_\_\_\_\_

[Course Name & Number](#) \_\_\_\_\_ Instructor \_\_\_\_\_

Faculty Division \_\_\_\_\_ [Campus Phone](#) # \_\_\_\_\_

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AUTHOR	TITLE	Copyright Compliant “Yes or No”

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AUTHOR	TITLE

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SIGNATURE \_\_\_\_\_

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