CONNELLY LIBRARY RESERVE REQUEST FORM

Please allow at least two weeks for processing. Materials will not be available to students until they have been processed.

Instructor: _____________
Department: ______________
Course name & number: ______________

Select only one:
___ Library use only
___ Overnight - 1 night
___ Overnight - 2 nights
___ 1 week

THE LIBRARY MAY ADD LABELS, STICKERS, AND SECURITY TAPE TO MY PERSONAL BOOK

YES _______ NO _______

Start Date _____ End Date _____

Note: All materials are removed from Reserves at the end of each term or semester.

CALL NUMBER | TITLE | AUTHOR | FORMAT
---|---|---|---

Submit this form via email: circdesk@lasalle.edu
Questions can be directed to staff at the Circulation Desk
Phone: 215-951-1292