

Faculty Reserves Drop-off Form

Please provide us with a few pieces of information so that we can have this item added to the Bankier Library reserves shelves as quickly as possible. Please complete one form per book or item. Thank you!

Date Dropped Off:

____ / ____ / ____

Course Number:

Course Name:

Faculty Member:

Phone Number:

____ - ____ - ____

Email:

**Do you want this item
returned to you?**

For example, if it is a personal copy.

YES

NO

**If yes, when do you want it
returned to you?**

____ / ____ / ____

**If you have any special requests or requirements,
please write them below:**

