BANKIER LIBRARY Faculty Reserves Drop-off Form

Date Dropped Off: mm/dd/yy	/ /
Course Number:	
Course Name:	
Title: (one per form)	
Edition: (if known)	
Choose a Loan Type:	☐ **4 hours** *OR* ☐ **1 day**
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: