

Faculty Reserves Removal Form

Kent Library, Southeast Missouri State University

COURSE INFORMATION:

Name: _____ Date: _____

Course Title: _____

Course Number: _____

- I would like all my reserves removed for this course.
- I would like to remove a specific reserve item (please fill out form below).

Please allow three business days to complete the removal. Personal copies may be picked up at the Circulation Desk or Instructional Materials Desk. You can also request items be returned through campus mail.

Please Circle One of the Choices Below for Physical Items

I Will Pick Up

|

Please mail to MS _____

Which type of reserve is this?

- Electronic Reserve
- Print Reserve

Citation:

Journal/Book Title: _____

Author(s): _____

Article/Chapter Title: _____

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Author(s): _____

Article/Chapter Title: _____

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Author(s): _____

Article/Chapter Title: _____

Please use the next page for additional items.

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