CONCORD UNIVERSITY

J. Frank Marsh Library Request

Reserve requests

Office Use:

Date Submitted: _____

_____

Faculty Name

_____

Date to go on Reserve

_____ **2 Hour (Library Use Only)**

_____ **1 Day Reserve**

_____ **3 Day Reserve**

_____ **7 Day Reserve**

_____

Course Name/Course Number

_____

Date Finished

_____

Department

Note: All Materials submitted will be placed on reserve status **WITHIN 2 BUSINESS DAYS** of the completion of this form.

TITLE	Author	Barcode	Initials