

**Shimberg Health Sciences Library  
University of South Florida  
Reserve Request Form**

**Please Print**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Instructor \_\_\_\_\_ Course # \_\_\_\_\_

Email \_\_\_\_\_

Campus Address \_\_\_\_\_

May we install a small security strip in personal copies? Yes \_\_\_\_\_ No \_\_\_\_\_

Disc (library copy)	Book (library copy)
CD <input type="checkbox"/>	<input type="checkbox"/>
DVD <input type="checkbox"/>	
Disc (personal copy)	Book (personal copy)
CD <input type="checkbox"/>	<input type="checkbox"/>
DVD <input type="checkbox"/>	

Checkout 2-hr. 24-hr. 48-hr.	Call number ( if applicable)	Author	Title	Date on Reserve	Date off Reserve

**THE LIBRARY IS NOT RESPONSIBLE FOR PERSONAL COPIES PUT ON RESERVE. DO NOT WRITE BELOW THIS LINE.**

Phoned \_\_\_\_\_ Mailed \_\_\_\_\_