



Forsyth Library Reserve Materials Form

Instructions: ***Please return form to Forsyth Library or email to forsyth@mail.fhsu.edu**

Date _____

Instructor _____

Department _____

Course No./Title _____

Email Address _____

Campus Phone _____

Checkout Length 30 min 1 hr 2 hr 4 hr 1 day 3 day 1 week 2 week (circle one)

Duration One semester: Fall Spring Summer Yearly until specific date: 20__ Other

Special Rules (example:Overnight checkout allowed)

Call #	Title	Author		# of Copies	Barcode (if applicable)	Duration of use: Semester/ Annual
		Last Name	First Name			

PLEASE ALLOW 3 WORKING DAYS TO PROCESS RESERVE REQUESTS



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