



# Forsyth Library Reserve Removal Form

Date \_\_\_\_\_

Instructor \_\_\_\_\_

Department \_\_\_\_\_

Course No./Title \_\_\_\_\_

Email Address \_\_\_\_\_

Campus Phone \_\_\_\_\_

**\*Please return form to Forsyth Library, or email to [forsyth@mail.fhsu.edu](mailto:forsyth@mail.fhsu.edu)**

Instructions    Remove All Materials    Remove One Course Materials    Remove Specific Titles    (please circle all that apply)

Return personal copy to Instructor \_\_\_\_\_    Return library copy to General Collection \_\_\_\_\_

Donate personal copy to library \_\_\_\_\_

Call #	Title	Author		# of Copies	Barcode (if applicable)
		Last Name	First Name		

PLEASE ALLOW 3 WORKING DAYS TO PROCESS RESERVE REQUESTS



FORT HAYS STATE UNIVERSITY  
FORSYTH LIBRARY

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