



DWIGHT MARVIN LIBRARY

Reserve Request Form

For assistance, contact [Donna Craver](#) at 518-629-7198 or the First Floor Service Desk at 518-629-7336. Please return this form via email or interoffice mail to Donna Craver (MRV 127).

Instructor _____ Dept. _____

Email address _____

Semester needed:
Check all that apply.

- Fall
- Intersession
- Spring
- Summer
- Until further notice

Course number(s) [ex. ENGL 115] _____

Course name(s) [ex. Library Skills for Research] _____

Type [Book or Media]	Prof. Owned	Title of Item	Author / Creator	Year of Pub.

Please read and initial.

I acknowledge that the Dwight Marvin Library is not responsible for damage due to wear and tear expected from frequent lending and labeled reserve status. _____ (initial)

I acknowledge that items requested for reserve lending are original works legally purchased by me or the college (therefore, in accord with the First Sale Doctrine, these items can be made available for reserve lending by the library). I understand that additional information regarding copyright and reserve lending are available at <http://hvcc.libguides.com/copyright>. _____ (initial)