

# LS RESERVE REQUEST FORM

PLEASE ALLOW FOUR WORKING DAYS (M-F) for this request to be processed. If there are special circumstances, please talk to the Reserves staff person.	NOTE: LS CANNOT ASSUME RESPONSIBILITY FOR INSTRUCTOR'S COPIES OF ITEMS NOT RETURNED BY STUDENTS
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Instructor: \_\_\_\_\_ Campus: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_ (e.g., GOVT 2305)

Course Title: \_\_\_\_\_  
 (As listed in the ACC General Catalog : e.g., United States Government)

LS Staff Initials/Library  
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Request Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ (Allow 4 weekdays for processing)

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