

Evansdale Reserves Processing Form
(Please print legibly)

Professor's Name: _____ E-mail Address: _____

Subject & Course #: _____ Phone #: _____ PO Box: _____

Please check the box or boxes that apply.

Electronic Reserve (eReserve)

_____ Paper (Please supply a copy of the copyright statement--for copyrighted works only.)
 _____ Electronic Media (computer disk, zip disk, e-mail attachment)
 What program was used to create the file? _____

Traditional Reserve

_____ File Folder (Please supply a copy of the copyright statement--for copyrighted works only.)
 _____ Reserve Book

Title Information

Your students will be requesting the item by:
(PLEASE MARK BOX OR BOXES THAT APPLY)

_____ Title of article
 _____ Title of book
 _____ Title of chapter
 _____ Author's last name
 _____ Other _____

Release from Reserves-check or write in date(s)

End of Semester: _____
 Active Dates _____
 Other _____

_____ **Specific time to post material to the web** _____

With the semester's first submission, **please attach a copy of the syllabus.** This will aid us in processing reserve items correctly and will help insure that your students are getting the items that you have placed on reserve.

Date Received: _____

No. Of Items Submitted: _____

For Office Use Only

Evansdale Paper Reserves

No. Processed	Date Processed	Stats. Entered-Paper Reserve

Electronic Reserve New E-Reserve User (please check here)

	No. of items/pages etc.	Date Processed	Stats. Entered
Pages Scanned			
Documents Processed			
FTP to Server/Items Checked on Internet			
Username (for new Professors)			
Password (for new Professors)			