SEMESTER___________

LOS ANGELES SOUTHWEST COLLEGE
RESERVE BOOKS FORM

INSTRUCTOR'S NAME_____________________
EXTENSION#_________________ RESERVE FOR CLASS__________

PLEASE LIST INFORMATION ON THE ITEM TO BE PLACED ON RESERVE:
TITLE

EDITION_________________ NUMBER OF COPIES_________________

DOES THIS ITEM INCLUDE A:
CD-ROM________ VIDEO TAPE________ OTHER________

HOW LONG SHOULD THIS ITEM BE KEPT ON RESERVE?
ONE MONTH __________ REMOVE BY _______________
ONE SEMESTER __________ REMOVE BY _______________
PERMANENTLY __________
OTHER_________________

PATRONS MAY CHECK OUT ITEM FOR:
2 HOURS, IN-HOUSE USE ONLY: _______________
OTHER: _______________________________

ANY RESTRICTIONS ON USE?

________________________

FOR OFFICE USE ONLY

FILE UNDER_________________________________ DATE ADDED TO RESERVE________
CALL NUMBER/PERSNAL COPY_________________
DATE WITHDRAWN_________________________

RESERVE BOOKS FORM NO:________