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California State University, Stanislaus LIBRARY

RESERVE REQUEST FORM

Instructor Name: _____ E-mail Address: _____
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Course Code: _____ Course Name: _____

Item(s) to be placed on reserve at (check one): **Turlock** **Stockton**
Separate forms are to be filled out if items are being sent to both Turlock and Stockton campuses.

Semester (check one): Fall Winter Spring Summer Academic Year: _____
Item(s) Loan Periods: *These are the **only** loan periods available.*

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**Please list title(s) of item(s) as shown on syllabus*

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