

## E-RESERVE REQUEST FORM

Circulation Department Staff will process materials in the order received, and these items will be available on reserve status *only during the semester in which the course is being taught*. Materials should be presented to the Circulation Department at least one working week prior to the date when items will be needed in order to permit adequate time for necessary processing. **[Please complete a separate form for each item per class/section to be placed on electronic reserve.]**

Course Name \_\_\_\_\_

Course Number \_\_\_\_\_ Section Number \_\_\_\_\_

Term & Year \_\_\_\_\_ Number of Students \_\_\_\_\_

Instructor \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Assistants \_\_\_\_\_

Crosslistings \_\_\_\_\_

Format

Acrobat (.pdf)

Excel (.xls)

Word (.doc)

PowerPoint (.ppt)

Text (.txt or .rtf)

Images (.gif or .jpg)

Web page (.html)\*

Other

Print

\*URL \_\_\_\_\_

Submission method      on disk      email attachment to [askaggs@angelo.edu](mailto:askaggs@angelo.edu)

print to be scanned in the Library      see URL above

Document Order?      Custom      Alphanumeric

Password \_\_\_\_\_

Visibility Date Range    Start \_\_\_\_\_      End \_\_\_\_\_

**Copyright Acknowledgments A and B**

**[Please indicate that you have read and understand this statement.] (Your request will not be processed unless you check "Yes".)**

A. I acknowledge having read the Porter Henderson Library’s policies ([PPM No.4](#) and [No.8](#)) pertaining to Course Reserves and agree that the materials I submit to e-Reserves are in compliance with this interpretation of U.S. copyright law.

\_\_\_\_\_ **Yes:**  
Faculty Member’s Name

*The following statement must be completed and signed for each photocopied/scanned item submitted for placement in the e-Reserves Collection.*

**[Please indicate that you have read and understand this statement. If you are submitting photocopied/scanned material, your request will not be processed unless you check "Yes".)**

B. When required, I received written permission from the copyright holder to provide access to the item I am submitting to Course Reserves.

\_\_\_\_\_  
(title of article, chapter, or excerpt of pertaining item)

\_\_\_\_\_  
(author of article, chapter, or excerpt of pertaining item)

\_\_\_\_\_  
(complete bibliographic citation of book, journal, or other source from which pertaining item was obtained)

\_\_\_\_\_  
(other relevant information about pertaining item)

\_\_\_\_\_ **Yes:**  
Faculty Member’s Name

If you have any questions about the completion of this form, please contact Angela Skaggs (942-2051, x224; [askaggs@angelo.edu](mailto:askaggs@angelo.edu)) or Antonella Ward (942-2051, x240; [award@angelo.edu](mailto:award@angelo.edu)).

\*\*\*\*\*Space below this line for Library staff use only\*\*\*\*\*

Date and Time Received \_\_\_\_\_ By \_\_\_\_\_

Date and Time Processed \_\_\_\_\_ By \_\_\_\_\_

Other relevant information: