

E-Reserve Material Request Form

Today's Date: _____

For items to be linked as E-Reserve PDF files, you may bring in your locally produced material in hardcopy or on jump drive; fax the (809-3736); or send them as e-mail attachments (circulation@murraystate.edu). Or for library-owned material, the library staff will retrieve the citation for best possible PDF file production or full-text URL link. All E-Reserve files will be password protected to ensure compliance with the fair use guidelines of the U.S. Copyright Law. It is the responsibility of faculty to assure compliance with the U.S. Copyright Law and to obtain permission from the copyright holder.

Instructor: _____ Department: _____ Phone: _____
 E-mail Address: _____ Course Number & Title: _____

E-Reserve Removal Date: End of Semester Other: _____

Periodical Article/Chapter of Book:

1. Periodical/Book (Circle One)	2. Article/Chapter Title	3. Journal(col. 4-6)/Book Title (col. 6-8)	4. Volume & Issue	5. Date	6. Pages	7. Publisher	8. Edition
PER BOOK							
PER BOOK							
PER BOOK							
PER BOOK							
PER BOOK							

Locally Produced Item(s):

Proposed Title	Syllabus/ Course Outline	Sample Test/ Answer Key	Study Guide/ Class Notes	Student Project/ Manuscript	Sent as E- mail Attachment	On Disk (Specify Program)	Hardcopy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Link to Internet Site

Proposed Title	Site Name	URL Address:

OFFICE USE ONLY

Scanning Assigned to: _____ Completed on: _____

Attention Scanners: After you have finished scanning the above items for E-Reserve, place this request form on Cindy's desk.