Page of

Media Reserve Request
Access Services

STAFF USE
Date Received:
Received by:
XPG:

Professor's Name/Course Title:

Title

Director/Performer **Year**

Library Owns? ☐ Yes ☐ No, please order

Call Number

Which week(s) of the semester will your students need to access this item?

Acceptable reserve methods (check all that apply)

Note: streaming requests must be *required* viewing

☐ DVD for in-library use

☐ Stream selections (Specify selections below)

☐ Stream full work

Type of access
☐ Physical
☐ Streaming

Copy to use
☐ Library
☐ Personal
☐ Not owned, *must be ordered*

Copyright
☐ Library-licensed database
☐ Low-cost streaming source
☐ Swank
☐ Free streaming
☐ Fair use
☐ Other

Comments

Title

Director/Performer **Year**

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Comments