

**Veterinary Medicine Library Reserve Request Form**  
**Personal Reserve Materials**

**E-mail:** libraryvetmed@ncsu.edu

**Phone:** 513-6218

Instructor Name (First, Middle, Last) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

**[ ] BOOK**

Title: \_\_\_\_\_

Author/Editor Name (last, first): \_\_\_\_\_

Place of Publication: \_\_\_\_\_ Publisher: \_\_\_\_\_

Loan Period:    2 hours (library use only)            1 day            3 days

Date Needed by (month/day): \_\_\_\_\_

**[ ] PHOTOCOPY**

Title: \_\_\_\_\_

Author/Editor Name (last, first): \_\_\_\_\_

Loan Period:    2 hours (library use only)            1 day            3 days

Date Needed by (month/day): \_\_\_\_\_

**[ ] MEDIA**

Title: \_\_\_\_\_

Type of Media: \_\_\_\_\_

Loan Period:    2 hours (library use only)            1 day            3 days

Date Needed by (month/day): \_\_\_\_\_