LSU LIBRARIES

Permission form for personal copies placed on Reserve

I, ______________________________, authorize LSU Library to treat my personal
(print name)

item(s), as noted below. They have been submitted to be put on Reserve for:

Semester: Fall Spring Summer (Circle all that apply), Year ________/Course ID: ________

Personal item treatment:

1. A call number will be attached to the spine or front of the cover.

2. A pocket for loan slips will be added inside the cover of the book.

Authorized signature __________________________________________ Date __________

EMAIL: _____________________________

To be completed by staff:

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

Title/RESERVE # ____________________________

PHOTO: 225/578-1407   FAX: 225/578-8612