Course Reserves Request Form  
For Copies of Copyrighted Material  

I would like your permission to reproduce the following article or book chapter to be put on reserve at the library for a class I am teaching at the University of Kentucky, Lexington KY 40506. This material will remain on reserve until [Type here].  

Faculty check all that apply  
☐ Paper Reserves  
☐ Electronic Reserves **EReserves are password protected for students of this course only**  

Department: [Type here]  
Course Name & Number: [Type here]  

Semester: [Type here]  
Year: [Type here]  

Journal Citation:  
Journal Title: [Type journal title here]  
Publisher: [Type publisher name here]  
Volume/Issue: [Type volume/issue here]  
Publication Date: [Type date here]  
Page Numbers: [Type here]  
Article Author: [Type author(s) here]  
Article Title: [Type article title here]  

or  

Book Citation:  
Author: [Type author(s) here]  
Full Title: [Type title here]  
Publisher: [Type publisher information here]  
Publication Date: [Type date here]  
Edition: [Type edition info here]  
Page Numbers: [Type here]  

Please indicate your approval or denial of this request by signing below and returning as soon as possible. Your reply may be faxed to [Type fax number here]. Thank you.  

______________________________________________  
Faculty Member’s Signature  
[month]/[day]/[year]  
Date  

Faculty Member’s Name: [Type name here]  
Campus Address: [Type campus address here]  
Phone Number: [Type phone number here]  
Email Address: [Type email address here]  

PERMISSION GRANTED  
Publisher/Copyright Owner check all that apply  
☐ Paper Reserves  
☐ Electronic Reserves **EReserves are password protected for students of this course only**  

______________________________________________________  
Authorized Signature  
[month]/[day]/[year]  
Date  

☐ PERMISSION DENIED

04/24/01