

# Chabot College Reserve Book Request

## Instructor Information (we need this information to process your reserves)

Instructor's Name: \_\_\_\_\_

Instructor's W#/SS#: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department: \_\_\_\_\_

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## Reserve Item Information

Course ID: \_\_\_\_\_

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

\_\_\_\_\_

Author: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

## Loan Period:

(Please Circle One)

Library Use  
Only 1 hour

2 Hours

24 Hours

3 Day

7 Day