New Paltz
STATE UNIVERSITY OF NEW YORK
Sojourner Truth Library

COURSE RESERVES CARD

☐ Spring 20____
☐ Fall 20____
☐ Both

Name of Instructor _____   _____
                                                    Last   *First*

Course Title _____

Course # _____   Section # _____   Academic Dept. _____

Contact Phone # _____   Email _____

☐ 2-hour Reserve ☐ 4-hour Reserve ☐ 12-hour Reserve ☐ Library Use Only ☐ Overnight ☐ 3-day ☐ 7-day

Call Number or Personal Item	Author	Title/Edition	Circ Staff Date/Initial When Added	Professor Signature/Pickup Date Include Barcode Number
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