



UNLV ARCHITECTURE STUDIES LIBRARY
RESERVE INFORMATION AND RELEASE FORM

Date: _____ Primary Professor: _____
(LAST) (FIRST)
Ext: _____ Mail Stop: _____ Email Address: _____
Course Number & Section: _____ Course Title: _____

(Please check all that apply – For guidelines, see below.)
 Electronic Reserves
(Photocopies, articles, paper submissions) **Physical Reserves**
(Library-owned and personal-copy books)

ELECTRONIC RESERVE INFORMATION

1. Have **electronic reserves** been used for this class before? (Please check one.)
____ **YES** If **yes**, items previously scanned do not need to be submitted again. The course will be reactivated in its **entirety**. If you are not adding any new items, please read and sign below after completing the remainder of this section. If you would like to add additional items, please list the new items on page 2 and sign below after completing the remainder of this section.
____ **NO** If **no**, please complete page 2 of this form after completing the remainder of this section.
2. Which order would you like your submissions to be posted online? (Please check one.)
____ Alphabetical by title ____ Time order by posting date

PLEASE NOTE: Electronic Reserve items are scanned “as is,” so please submit the best available copy. Items will not be cropped or manipulated in any way. The following guidelines provide the best electronic readings:

- **THE SCANNER WILL ONLY ACCEPT 8 1/2” x 11” PAPER**
- Items free of staples
- No black borders or dark pictures
- No shading of any kind over text
- No dog-eared or tattered materials
- All scans items will appear in black and white; no color scanning is available

PHYSICAL RESERVE INFORMATION

1. Loan period for **physical reserve** items: (Please circle one.) **2 Hour 24 Hour 3 Day 7 Day**
2. Please list items you would like placed on physical reserve on page 2 of this form.

PLEASE NOTE: Personal items will be returned at the end of the semester, via your mailbox in the School of Architecture office. The Architecture Studies Library cannot assume responsibility for materials damaged or lost once they are delivered to the School of Architecture.

Please read the following statements before signing and dating the form. Failure to sign the form will result in delays. Signature must be that of the professor requesting that the materials be placed on reserve. I have read and understand the University of Nevada, Las Vegas Architecture Studies Library Reserves Policy (<http://www.library.unlv.edu/arch/aslreserves/aslpolicy.html>). My signature certifies that the items I am placing on reserve meet one of the following criteria:

- Falls under the **Fair Use provisions** set forth in **Section 17** of the **United States Copyright Act of 1976**
- I am the copyright owner, and give the library permission to post these items on electronic reserve
- I have documented permission from the copyright owner to use these materials
- The work is in the public domain

By signing I agree that I am solely and wholly responsible for ensuring compliance with copyright law. I also agree that the library reserves the right to refuse placing any materials on reserve if library staff members determine they are in violation of the **University of Nevada, Las Vegas Architecture Studies Library Reserve Policy or Copyright Law.**

SIGNATURE

DATE

Please list each chapter or article separately for electronic reserves. Items should also be listed by **CHAPTER** or **ARTICLE** title, as this is how they will appear in the database. The electronic reserve database does not provide an author field for submissions. Please list books by title and call number.

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

Title: _____
Call #: _____ File Name: _____
(ONLY IF OWNED BY THE LIBRARY) (LIBRARY USE ONLY)

ADDITIONAL COPIES OF THIS FORM MAY BE OBTAINED FROM THE ASL SERVICE DESK.

LIBRARY USE ONLY

Date Scanned: _____ Initials: _____ Date Processed: _____ Initials: _____