

VWCC Brown Library
Student Course Reserve Authorization Form

Course Name and Number/Section: _____

Semester/Year: _____

_____ has permission to place my paper or media on reserve.
Professor's Name

___/___/___ - ___/___/___ or indefinitely.
Date Date (circle)

Name (print): _____

Signature: _____

Date: _____

Contact Information for Student:

Address: _____

Telephone: _____

E-mail Address: _____