

Dixie State University Library Course Reserve Request

I have read, and I understand, the Library Course Reserve Policies & Procedures of Dixie State University Library.

My signature certifies that the materials I am placing on Course Reserve meet at least one of the following criteria:

1. I am the copyright owner of these materials, and I give the library permission to post these items on course reserve.
2. I have documented permission from the copyright owner to use these materials, and I have included that documentation with this request.
3. These materials fall under the fair use provisions as set forth in Section 17 of the United States Copyright Act of 1976.
4. These materials are in the public domain.

By signing this request, I agree that I am solely and wholly responsible for ensuring compliance with copyright law, and as the instructor of the course listed below, I assume all liability for any and all violations. I understand that I am required to complete a new form for each semester that I place an item on Course Reserve.

I also agree that the library retains the right to refuse to place materials on Course Reserve if it is determined that documents are in violation of the Library Course Reserve Policies & Procedures or U. S. Copyright Law.

<i>Please fill out this form and bring it, along with the materials to be put on reserve, to: Dixie State University Library Lichelle Christensen, ext. 7715 lchrist@dixie.edu</i>				
Instructor name: Click here to enter text.	Telephone: Click here to enter text.	Banner ID: Click here to enter text.	Department: Click here to enter text.	Date: Click here to enter a date.
Campus address: Click here to enter text.	Email address: Click here to enter text.	Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Course name: Click here to enter text. Number of items: Click here to enter text.	Course number: Click here to enter text.
Length of time student may use reserve materials: <input type="checkbox"/> 1 hour (library use only) <input type="checkbox"/> 2 days <input type="checkbox"/> 2 hours (library use only) <input type="checkbox"/> 4 days <input type="checkbox"/> 4 hours (library use only) <input type="checkbox"/> 7 days			Item belongs to: <input type="checkbox"/> Library <input type="checkbox"/> Faculty Member <input type="checkbox"/> Department	
Please list materials below:				
Title: Click here to enter text.	Author: Click here to enter text.		To be removed after current semester (yes or no): Click here to enter text.	
Authorized signature: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div>			By typing your name in the signature block, you place your electronic signature on this document and agree that it will be treated with the validity as if it were a written signature.	