

## CLASS READERS

|   |                      |
|---|----------------------|
| Semester _____  |                      |
| Year _____  |                      |
| Course Name _____   | Course Number _____  |
| Instructor's Name _____   | Department _____     |
| Number of students _____  | Campus Address _____ |
| Is course material required? _____  | Office Phone # _____ |
| Is this material available elsewhere? <small>i.e. website, canvas etc.</small> _____  | Home Phone # _____   |
| Date course material is needed _____  | Email _____          |
| Is this material a reorder from previous semester <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, which semester/year _____ |                      |

### OPTION A

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- Obtaining permission takes time. We may need six weeks to obtain permission from some publishers.
- Information required: Publisher, Author, Title, and Copyright dates.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### OPTION B

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Course Material taken by \_\_\_\_\_

### Special Instructions

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Instructor Copy(s) \_\_\_\_\_

Hold for pickup \_\_\_\_\_

Deliver to campus \_\_\_\_\_

Retain for next semester \_\_\_\_\_

Single Sided ☐

Double Sided ☐

3-H-D ☐

Stapled ☐

Collated ☐

Bound ☐

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COPY PRICE \_\_\_\_\_

BINDING \_\_\_\_\_

ROYALTY \_\_\_\_\_

TOTAL \_\_\_\_\_