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| Shake Library Reserve Request Form |
| DATE |  | Email |
| NAME |  |  | Load Periods |
| DEPARTMENT\* |  |  | 4 hours7 hoursOvernight7 dayElectronic |
| COURSE NAMEand Number\* |  |  |
|  | \*required |  |

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| Personal Copy (Y or N) | TITLE | Shake Call Number | Last Date Needed | Choose a Loan Period |
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| Personal Copy (Y or N) | TITLE | Shake Call Number | Last Date Needed | Choose a Loan Period |
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