

QUEENS COLLEGE • ROSENTHAL LIBRARY • RESERVE COLLECTION

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REQUIRED VIDEO REQUEST

SEMESTER: **Fall** **Spring** **Summer** **Year** _____

Instructor _____ Department _____

Email _____ Phone # _____ Total # of Students _____

Course Title _____ Course Number _____

ONLY ORIGINAL VIDEOS WILL BE PLACED ON RESERVE – COPIES WILL NOT BE ACCEPTED

Director/Producer _____

Title _____

Studio _____ Date _____

PLEASE CHECK ONE BOX AND FILL IN INFORMATION:

- Video Not Owned by QC (needs to be ordered) ASIN# _____
- Video Not Owned by QC (attached is personal copy to be placed on Reserve)
- Video Owned by QC: Call Number _____

RESERVE VIDEOS MAY BE BORROWED FOR THREE HOURS

Director/Producer _____

Title _____

Studio _____ Date _____

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