

# State University of New York Press

State University Plaza  
Albany, NY 12246-0001  
info@sunypress.edu  
PHONE 518.944.2800 FAX 518.320.1592

Download and Save this blank form as a PDF to your computer. Open and Complete it, then print it out on your letterhead. You can either scan the completed form to e-mail it to SUNY Press as an attachment or mail it to our address.

NOTE: You will not be able to save the completed form, so be sure to print it before you close it.

## Electronic Reserve Request Form

\* required field

SUNY Press Book Title \*

SUNY Press Book Subtitle

SUNY Press Author's or Volume Editor's Name \*

SUNY Press Book Contributor's Name

SUNY Press Book Pages From\*:  To\*:

Additional Pages:

Your Name\*

(the person in whose name the invoice will be issued, not your institution's name)

Institution Name\*

Address 1\*

Address 2

Address 3

City\*

State/Postal Code\*

Country\*

Phone No.\*

Fax No.\*

E-mail Address\*

Department\*

Course Name\*

Course Code\*

Course Enrollment\*

Professor's Name\*

Semester Term Start Date\*   
(month and year is sufficient)

Semester Term End Date\*   
(month and year is sufficient)

**Mail Invoice To**  Same

**If Other**

Name

Address 1

Address 2

Address 3

City

State/Postal Code

Country