



Library Authorization Form

Today's Date: ____/____/____

To Library Circulation Desk:

I, _____, authorize _____ to act
(Faculty Member's Name) (Assistant's Name)

on my behalf in regard to library matters.

The above-mentioned individual has my permission to check out library items in my name, request items from other campuses/universities, and manage items on reserve.

I understand that I am personally responsible and will take action if the above-mentioned person incurs a financial obligation on my library account.

Sincerely,

(Faculty Member's Signature)

Department Name: _____ Budget Code: _____

Mailing Address on Campus: _____

Phone Number: _____ Email Address: _____

14-Digit Barcode as assigned by Library Staff: _____

End Date of Authorization: ____/____/____