Faculty Information

Name: __________________________________________

Department: ____________________________________

E-mail address: __________________________________

Phone number: __________________________________

Faculty Barcode: 25098 ____________________________

Research Assistant Information

Name: __________________________________________

Research Assistant Barcode: 25098 __________________

Authorized Borrowing Dates
Proxy privileges may be assigned for up to one academic year

Start Date: ______________________ End Date: ________________

I request that the above named student be permitted to check out library materials on
my behalf from the University Library. I hereby assume full financial responsibility for
replacement of all Library materials lost, stolen or damaged while charged to this card. I
understand that all borrowed materials may be recalled at any time. The research
assistant specified above and I understand that the RA card is to be used only to take
out materials directly authorized by me for research and classroom use. It is not
intended for the student’s personal use.

______________________________________________
Faculty Signature

______________________________________________
Date