Library Proxy Authorization Form (Print and sign)

Faculty Name _____________________________________________________

Student Name _____________________________________________________

The signing Faculty member authorizes the student named herein to check out library materials on his or her behalf. If the research assistant stops working for the faculty member before the expiration date, it is the responsibility of both the faculty member and the student to notify the library that proxy privileges should be terminated.

The undersigned student agrees that only items requested by and used for this faculty member will be permitted to be checked out using this card. Student further agrees this card is proprietary to faculty member and may not be used for any purpose other than the intended. For example, the card may not be used for student’s personal check-outs, law review check-outs, etc.

This authorization expires May 31 each year and must be re-issued annually

________________________________________________________________________

Faculty Signature                            Date

________________________________________________________________________

Student/Research Assistant Signature                               Date