

Application for Proxy Privileges

No.:	_____
Expires:	_____
Updated by:	_____

Faculty Information – PLEASE PRINT

Name (Last, First, MI)	
Library Number on U Card	
Department	Phone
Campus Address	
Email Address	

Proxy Information – PLEASE PRINT

Proxy Name (Last, First, MI)
Privileges should be valid to _____ (not to exceed 1 year).

STATEMENT OF AGREEMENT

- % I understand that this proxy is checking out materials for my use and that I will be responsible for:
 - a) returning the materials in accordance with library policies
 - b) any fines, fees, or sanctions resulting from the late return or loss of these materials.
- % I understand that these extended privileges will be honored at all campus libraries.
- % I understand that all library communications concerning items checked out by the proxy will be addressed to me.
- % I will notify the library if this proxy leaves my employ before the expiration date stated above.
- % I understand this letter will be kept in a confidential file.

Signature: _____ Date: _____