



## **Faculty Authorization for Research/Teaching Assistant Proxy Borrower Account**

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### *Research/Teaching Assistant Information*

Name: \_\_\_\_\_

14-digit library barcode number: \_\_\_\_\_

### *Faculty Information*

Name: \_\_\_\_\_

14-digit library barcode number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Authorized Borrowing Dates:**

Proxy privileges are assigned for one semester, but may be renewed at the faculty member's request.

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

I hereby assume full financial responsibility for replacement of all Library materials lost, stolen or damaged while charged to this account. ***I understand that all borrowed materials may be recalled at any time.*** I agree to assume responsibility for the return of all recalled materials on or before the date specified on the Recall Notice. I agree to keep the Library informed of my current mailing address. The Research Assistant specified above and I understand that the proxy account 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.

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Faculty Signature

Date

