Proxy Request Form

Patron requesting the appointment of a proxy:

This form must be completed in full, including Library ID numbers and signatures. Paper forms may be brought to the Circulation Desk on the second floor of the Main Library or scanned in and emailed to circlib@library.illinois.edu.

Last Name:	First Name:				
Middle Name:			Library ID: 2011		
Email:					
Please select from the	following options:				
person, and request the expire unless the prox	cy's account expires. oxy: In addition to Bo made on my behalf t	on my behalf. This E orrowing Proxy priv through the Library	Borrowing Proxy auvileges, Fulfillment catalog and will re	thorization does not proxy patron may place ceive email notices	
1 year	2 years	3 years	4 years	5 years	
patron's account expir	res. I agree to abide k	by the policies and p	orocedures of the l	moved or until the proxy ibrary in all respects." Date:	
Proxy Patron (the)	person who will b	e acting on beha	lf of the above-r	named patron):	
Last Name:		First Name:			
Middle Name:	Library ID: 2011				
Email:					
"I agree to abide by th	ne policies and proce	edures of the library	in all respects."		
Proxy Signature:				Date:	
Staff Use Only					