

Proxy Request Form

This form must be filled out in full, including Library ID numbers and signatures. If you are filling this form out by hand, please print all information clearly.

Bring completed forms to the Circulation Desk on the second floor of the Main Library.

Patron requesting the appointment of a proxy:

Last Name: _____ First Name: _____

Middle Name: _____ Library ID: 2011 _____

Address: _____

City: _____ State: _____ Zip/Campus Mail Code: _____

Phone: _____ Email: _____

“I authorize the person named below to request, check out, or pick up library materials on my behalf. I understand that this authorization will remain in place until I request that it is removed or until the proxy patron’s account expires. I agree to abide by the rules of the library in all respects.”

Signature: _____ Date: _____

Proxy Patron (the person who will be acting on behalf of the above-named patron):

Last Name: _____ First Name: _____

Middle Name: _____ Library ID: 2011 _____

Address: _____

City: _____ State: _____ Zip/Campus Mail Code: _____

Phone: _____ Email: _____

“I agree to abide by the rules of the library in all respects.”

Proxy Signature: _____ Date: _____