

Proxy Request Form

This is a “fillable” form, meaning it can be filled out on a computer. It must then be printed and signed and dated by both parties. Alternatively, the blank form may be printed and filled out by hand.

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

The person (usually a UIUC faculty member) 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 for:

a period of one year from today’s date, *or*

a lesser period of time (maximum of one year) ending _____

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

Faculty Signature: _____ Date: _____

Proxy (the person who will be acting on behalf of the above named person; usually a UIUC graduate student):

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: _____

Form must be filled out in full, including Library ID numbers and signatures.

If you are filling this form out by hand, **print** all information clearly (no cursive, please).