



## FACULTY / STUDENT ASSISTANT AUTHORIZATION FORM

**PROFESSOR:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**EXTENSION / OR E-MAIL:** \_\_\_\_\_

Please permit my Student Assistant named below to borrow books while conducting research for me. I understand that I am responsible for all items charged out in my name. It is my responsibility to inform the library when a Student Assistant leaves prior to the end of the academic year.

**STUDENT ASSISTANT:** \_\_\_\_\_

**PROFESSOR'S SIGNATURE:** \_\_\_\_\_

Please check all valid sessions:

- Fall Semester
- January Session
- Spring Semester
- Summer Session 1
- Summer Session 2
- Summer Session 3

**THIS FORM MUST BE RENEWED EACH ACADEMIC YEAR.**

**DATE:** \_\_\_\_\_

Revised 8/2008

**\*Please complete this form, print out, sign and bring to the Circulation Desk located on the main floor of the Axinn Library\***