

FACULTY AUTHORIZATION for RESEARCH ASSISTANT

Research Assistant Information

Last/Family Name _____

First/Given Name _____

Barcode _____
[14-digit WildCARD Number]ID Number _____
[7-digit Student / Employee Number]

Faculty Information

Last/Family Name _____

First/Given Name _____

Department _____

Email Address _____

Phone Number _____

Barcode _____
[14-digit WildCARD Number]

Authorized Borrowing Dates

Proxy privileges may be assigned for up to one year at a time.

Start Date: _____ End Date: _____

I hereby assume full financial responsibility for replacement of all Library materials lost, stolen or damaged while charged to this card. 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 myself understand that the RA card 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. **BOOKS MAY NOT LEAVE THE CHICAGO METROPOLITAN AREA.**

_____
Faculty Signature_____
Date