

Faculty Please Note: The person being authorized to check out Library materials for you must present your activated OneCard, as well as their own OneCard.

I authorize the bearer of this form _____
Print Designee's Name
to check out the following materials in my name for my personal use. I understand that I am responsible for the safe return of these items by their due date.

Faculty Name: _____ **CID:** _____
Print

Faculty Signature: _____ **Date:** _____

Items to be checked out: *Must be filled out by authorizing faculty*

Call Number	Title
1. _____	_____
2. _____	_____
3. _____	_____

(List additional items on back of form)

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