



## Proxy Borrowing Form

**Please Print**

Faculty Name:

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Department:

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Name of Designated Proxy:

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Proxy Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**By making this request I acknowledge financial responsibility for  
library materials charged to my library account by the above named**

**proxy.**  
Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LIBRARY STAFF NOTES ONLY:

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