

Sample: This authorization letter must be on Departmental Letterhead.
For further information call the Access Services Desk at 744-2219

Today's Date

Vicki Daughtridge
Access Services
Laupus Library
Brody Medical Sciences Building

I, _____, of _____,

Authorize _____ to borrow library materials in my name,
(Designated Individual's Name)

Including:

_____ Books, Journals

_____ Audiovisuals (video recordings, models, charts, slides, kits, etc.)

I understand that I am responsible for the safe return of these materials to the Laupus Library and any fees that may be assessed for overdue materials. This authorization will expire one year from today's date, unless specified otherwise in the space below.

(Expiration Date)

(Authorizing Individual's Signature)

Note: The Designated Individual must show his/her pictured ID at the time of checkout.