



Faculty/Administrator Assistants
Permission to Check Out Library Materials

I, _____ hereby give my permission for _____,
(please print instructor/administrator name) (name of assistant)

who is my teaching assistant/support staff, to check out library materials in my name for the _____ semester. I realize that any material checked out in my name becomes my responsibility. Any overdue notices, bills or temporary suspension of privileges will be on my record.

(signature)

(date)

Photo ID will be required prior to each checkout to verify that the teaching assistant/support staff has been granted this permission.

For additional information, please refer to attached Faculty and Administrator Library Privileges and Responsibilities handout.

12/17/02