



AUTHORIZATION FOR RECIPROCAL FACULTY BORROWING PRIVILEGES

Name: \_\_\_\_\_  
(Print Last Name, First Name)

Institution/Dept: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Reciprocal Institution: \_\_\_\_\_

Reason for Request\*: \_\_\_\_\_

\_\_\_\_\_

*Privileges Authorized*

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Authorization Valid Until\*: \_\_\_\_\_

To be completed by reciprocal library:

Card issued on: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

Comments: \_\_\_\_\_

**\* Optional Information**