



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**