



Access. Knowledge. Success.

Request for Proxy Privileges

Date _____ Proxy's ID Number _____

I authorize _____ to borrow materials from the Purdue University Libraries as my designated proxy. The term of this privilege should expire on the following date:

_____.

Check one: ____ This request is for a **NEW** proxy. ____ This request is for a **CONTINUING** proxy to receive a **RENEWED PERIOD** of checkout privileges.

I assume all responsibility for all materials borrowed by the above named individual as my proxy.

Sponsor Signature _____

Printed Name _____

Sponsor ID Number _____

Address _____

Phone Number _____

This form should be filled out by the patron requesting a proxy (sponsor) and returned to any library circulation desk by the proposed proxy. Please direct questions regarding proxy privileges to the Circulation Services office, Room 246, HSSE Library, telephone number 49-40369.