

# Application for Proxy Card

No.:	_____
Expires:	_____
Created by:	_____
Date created:	_____

New \_\_\_\_\_ Renewal \_\_\_\_\_

## Faculty Information – PLEASE PRINT

Name (Last, First, MI)	
Library Number on U Card	
Department	Phone
Campus Address	
Email Address	

## Proxy Information – PLEASE PRINT

Proxy Name (Last, First, MI)
Library Number on U Card (if applicable)
Card should be valid from _____ to _____ (not to exceed 1 year).

## STATEMENT OF AGREEMENT

- I understand that this proxy is checking out materials for my use and that I will be responsible for:
  - a) returning the materials in accordance with library policies
  - b) any fines, fees, or sanctions resulting from the late return or loss of these materials.
- I understand that this card will be honored at all campus libraries.
- I understand that all library communications concerning items checked out by the proxy will be addressed to me.
- I will notify the library if this proxy leaves my employ before the expiration date stated above.
- I understand this letter will be kept in a confidential file until such times as all materials charged out on this proxy card are returned and any accrued fees paid.

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