Faculty Authorization for Library Record Use
By Research Assistant

“I hereby grant permission to the research assistant named below to check out library materials in my name, for my use, on my Miami University Library Patron Record. I understand that although the person named below will check out materials, I am responsible for these materials, and for returning and renewing them. This permission is valid from:

_________________________ through ______________________
(Beginning date or term) (Ending date or term)

(Faculty Last Name) (First Name) (M.I.) # __________________
(Banner Number)

(Faculty Member E-Mail Address) (Academic Department)

(Faculty Member Signature) (Date)

*Please Print Legibly*

AUTHORIZED ASSISTANT INFORMATION

(Assistant Last Name) (First Name) (M.I.) # __________________
(Banner Number)

(Assistant Signature) (Email Address)

BELOW – OFFICE USE ONLY

Circulation Staff: Add note to faculty member’s patron record: “[Name of Assistant] is authorized to checkout materials from mm/dd/yyyy to mm/dd/yyyy [your initials]”

Added to record by: __________________________ Date: __________________________