

MARQUETTE UNIVERSITY
RAYNOR MEMORIAL LIBRARIES

AUTHORIZED ASSISTANT FORM

Faculty members can authorize graduate research assistants to check out library material for the faculty member. Before this can occur, this "Authorized Assistant Form" must be completed. All material that is checked out in this manner is the responsibility of the authorizing faculty member.

Complete all eight lines below and return this form to the Raynor Memorial Libraries Circulation Desk. PLEASE TYPE OR PRINT NEATLY!

1. Date: ____/____/____
2. Faculty Member: _____ Dept.: _____
3. Authorized Assistant: _____
4. My Assistant is: MU Staff ____ Graduate Student ____ Spouse ____ Other ____
5. I authorize this assistant for: Fall ____ Spring ____ Summer ____
of the 20____ - 20____ academic year.
6. I, the above named faculty member, authorize the assistant named above to check out library material in my name. I UNDERSTAND THAT I REMAIN PERSONALLY RESPONSIBLE FOR ALL MATERIAL CHECKED OUT IN THIS MANNER.

Signature of Faculty Member _____

7. As an Authorized Assistant, I understand that I cannot check out library material for my own personal use with this privilege.

Signature of Authorized Assistant _____

All library notices will be sent via email to the faculty member's Marquette address.

Please return this form to: Raynor Memorial Libraries Circulation Desk

(DO NOT WRITE BELOW THIS LINE)

RAYNOR MEMORIAL LIBRARIES ASSISTANT FORM
INTERNAL USE ONLY

- Create authorized assistant library record and card.
- Email faculty member to confirm authorized assistant record.
- Enter faculty and assistant information into database.
- File authorized assistant form.