Library Check Out Authorization

Instructor Name (Please print - last name, first name): __________________________________________

Telephone: ______________________ Email Address: __________________________________________

I authorize that the following individual(s) can check out materials from the library under my name:

_________________________________________                  Student ID Number
Name                                                                                          

_________________________________________                  Student ID Number
Name                                                                                          

_________________________________________                  Student ID Number
Name                                                                                          

PLEASE NOTE: Authorized students must present their SandDollar ID card to check out materials from the Library.

Please check which types of materials are authorized for checkout:

___ Media Items (Video, CD, DVD, etc.) – 2 week check out, longer check out periods may be requested
___ Print Materials (Books, Government Documents, etc.) – 6 month check out
___ Print periodicals – 24 hour check out
___ Reserve Materials – See Circulation/Media Staff for check out duration
___ Reserve Materials owned by the Instructor – See Circulation/Media Staff for check out duration
___ Interlibrary Loan Items – Check out duration determined by lending library

Check-Out Authorization for the individuals listed above will be granted until the end of the following semester:

____ Fall 20____      ____Spring 20____      ____Summer 20____

___ I understand and agree to the Library Fines and Replacement Fees Policy.

___ I understand that this authorization is in effect only for the semester(s) indicated above.

___ I understand that the authorized students MUST present a valid SandDollar ID card in order to check out materials.

I understand that I bear full responsibility for the timely return of these materials. I agree to reimburse the Library for any materials that are late, lost, or damaged according to the Library’s Fines and Replacement Fees Schedule.

_________________________________________                  ____________________________
Signature of Instructor                                                        Date

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