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 B849, Hicks Undergraduate Library,
telephone number 49-40369.

L-7 (revised 8/10)