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 246, HSSE Library, telephone number 49-40369.

L-7 (revised 1/18)