



James White Library

Proxy Borrowing Agreement (PLEASE PRINT OR TYPE)

Professor's Name: _____, _____ ID#: _____
(Last) (First)

Department: _____ Phone: _____, Email: _____

I authorize _____, to act as my proxy borrower in accordance with the JWL Proxy policy.

Proxy's ID# : _____; Proxy's email: _____, Proxy's Phone #: _____

Beginning Date; _____, Ending Date: _____

I hereby agree to be responsible for all library materials checked out to me.

Professor's Signature: _____, Date: _____

PLEASE RETURN TO CIRCULATION DESK OF JAMES WHITE LIBRARY