Checkout Authorization Form

_________________________
Today’s Date

I, _________________________________, of _______________________________________,
(Authorizing Individual’s Name) (Dept)

Authorize _____________________________________ to borrow library materials in my name,
(Designated Individual’s Name)
Including:

_______ Books, Journals

_______ Audiovisuals (video recordings, models, charts, slides, kits, etc.)

I understand that I am responsible for the safe return of these materials to Laupus Library and any fees that may be assessed for overdue materials. This authorization will expire one year from today’s date.

___________________________________________
(Expiration Date)

___________________________________________
(Authorizing Individual’s Signature)

The Designated Individual must show their picture ID at the time of checkout.