

Laupus Library

HEALTH SCIENCES

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.