

Assistant Authorization Form

I, _____, authorize _____ to
(name of professor/instructor) (1 assistant per form)

check out library materials for my use on my library record. This authorization is valid until ____/____/____ or until revoked in writing by me.
(no more than 1 academic year)

I have securely attached copies of both my St. Thomas identification card and the identification card of my assistant.

In addition, I certify that I have read the University of St. Thomas Law Library's Assistant Authorization Policy and understand its terms.

X _____
(Faculty Member's signature)

Today's Date _____

[attach copy of Faculty ID here, or on an additional page stapled to this page]

[attach copy of Research Assistant ID here, or on an additional page stapled to this page]