

**University of St. Thomas Libraries
Assistant Authorization Form**

I, _____, authorize _____
(name of professor-please print) (assistant name)

to check out library materials for my use on my library record. This authorization is valid until _____. (maximum 1 year)

I have attached an additional sheet of paper, which includes copies of both my UST identification card and the identification card of my assistant.

In addition, I have read the University of ST. Thomas Libraries' Assistant Authorization Policy

<http://www.stthomas.edu/libraries/facultystaff/Proxypolicy.html>

and understand its terms.

Signed,

Today's date _____