

PROXY BORROWER AUTHORIZATION FORM

TODAY'S DATE: _____

SESSION: ____ FALL ____ SPRING ____ SUMMER

DEPARTMENT: _____

FACULTY NAME (Please Print): _____

TELEPHONE: _____

EMAIL: _____

I accept all responsibility for all materials checked out in my name by the proxy borrower specified below.

Faculty Signature: _____

Authorized Proxy Borrowers:

NAME: _____ OASIS #: _____

NAME: _____ OASIS #: _____

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