

## FACULTY/ADMINISTRATION RESEARCH CARD

I \_\_\_\_\_ authorize \_\_\_\_\_ to check  
(Faculty/Administrator's name) (Student's name)  
out Library materials in my name until \_\_\_\_\_.  
(Date)

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### TO BE FILLED OUT BY FACULTY/ADMINISTRATION:

Name: \_\_\_\_\_  
(Please print)  
Department: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

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### TO BE FILLED OUT BY RESEARCH ASSISTANT:

Research Assistant Name: \_\_\_\_\_  
(Please print)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

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By filling out and signing this card, you agree to the following terms:

- ✓ I understand that I am responsible for all items checked out to me on my Faculty/Administration Research Card.
- ✓ I understand that all materials checked out on my Faculty/Administration Research Card are subject to recall.
- ✓ I understand that it is my responsibility to know when all Library materials are due back.
- ✓ I understand that it is my responsibility to return all Library materials by the date due.
- ✓ I understand that I am responsible for all fines incurred for materials checked out on my Faculty/Administration Research Card.

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FOR CIRCULATION STAFF USE:

Created by: \_\_\_\_\_

Date: \_\_\_\_\_