



Instructor Name (Please print - last name, first name): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I authorize that the following individual(s) can check out materials from the library under my name:**

\_\_\_\_\_  
Name Student ID Number

\_\_\_\_\_  
Name Student ID Number

\_\_\_\_\_  
Name Student ID Number

**PLEASE NOTE: Authorized students must present their SandDollar ID card to check out materials from the Library.**

Please check which types of materials are authorized for checkout:

- Media Items (Video, CD, DVD, etc.) – 2 week check out, longer check out periods may be requested
- Print Materials (Books, Government Documents, etc.) – 6 month check out
- Print periodicals – 24 hour check out
- Reserve Materials – See Circulation/Media Staff for check out duration
- Reserve Materials owned by the Instructor – See Circulation/Media Staff for check out duration
- Interlibrary Loan Items – Check out duration determined by lending library

Check-Out Authorization for the individuals listed above will be granted until the end of the following semester:

\_\_\_\_\_ Fall 20\_\_ \_\_\_\_\_ Spring 20\_\_ \_\_\_\_\_ Summer 20\_\_

\_\_\_\_\_ I understand and agree to the Library Fines and Replacement Fees Policy.

\_\_\_\_\_ I understand that this authorization is in effect only for the semester(s) indicated above.

\_\_\_\_\_ I understand that the authorized students MUST present a valid SandDollar ID card in order to check out materials.

**I understand that I bear full responsibility for the timely return of these materials. I agree to reimburse the Library for any materials that are late, lost, or damaged according to the Library's Fines and Replacement Fees Schedule.**

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date