

**Penfield Library
SUNY Oswego**

FACULTY ASSISTANT AUTHORIZATION

I authorize the following student assistant: _____

to sign materials out of Penfield Library for me, for the appropriate faculty loan period. I understand that I have full responsibility for materials taken out in my name.

This authorization is valid from _____ to _____ 20____.
(Month and Day) (Month and Day)

Faculty Name (printed) Faculty Signature

Faculty Library ID _____

Department _____

Phone _____

Library Staff Use

Call # _____

Title _____

Barcode # _____

Staff Initials _____