

Date: _____

PORTER HENDERSON LIBRARY
FACULTY CHECKOUT REQUEST FORM

Faculty, please note: The person being authorized to check out library materials for you must bring your currently validated ASU photo ID card as well as his or her own ID card and this permission form.

I authorize the bearer of this form (name provided below) to check out the following materials in my name for my personal use. I understand that I am responsible for the safe return of these items by their due date.

Faculty Member's Name and Department (printed): _____

Faculty Member's Signature: _____

Designee's Name (printed): _____

Items to be checked out for Faculty member's use:

	<u>Call #</u>	<u>Author</u>	<u>Title</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(list additional items on back of form)