



UNT LIBRARY
FACULTY AUTHORIZATION FORM

To be filled out and signed by faculty member

Date _____

I, _____, _____
(Faculty Printed Name, Signature) (Faculty I.D. number) (Dept)

hereby duly authorize _____
(Name of authorized assistant) (I.D. number of assistant)

to check out in my name the material with the title I have written below. I personally accept sole responsibility for material so charged. [There are no blanket authorizations, and one form must accompany each item to be checked out.]

TITLE OF MEDIA _____

CALL NUMBER. _____

Initial of Media Library staff _____