



## FACULTY BORROWING AUTHORIZATION

Today's Date: \_\_\_\_\_

To Staff at \_\_\_\_\_ (PALCI Member Library):

This completed form serves as confirmation that the faculty member listed below is a current member of the faculty at our PALCI Member Institution. Please add this faculty member to your patron database and allow him/her access to materials as is standard practice at your Library.

College or University \_\_\_\_\_

Authorizing Librarian Name (print) \_\_\_\_\_

Librarian's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

*Please grant borrowing privileges to:*

Faculty Member Name (print) \_\_\_\_\_

Faculty Library ID Number \_\_\_\_\_

ID Expiration Date \_\_\_\_\_