

**ACCESS SERVICES DEPARTMENT
JACKSON LIBRARY
UNCG**

**AUTHORIZATION TO BORROW BOOKS/JOURNALS
FOR UNCG FACULTY**

Name of Faculty: _____
(Print Please - Last name, First name)

Department: _____

Faculty FirstCard ID Number: _____
(Please do not enter your UNCG ID or SS number)

Phone number: _____

I authorize the following individual(s) to borrow books and journals in my name. We understand that the authorized person must present their picture ID to borrow: (list all names that apply and an expiration date for each)

<u>Name</u>	<u>Expiration Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Date Submitted: _____

Faculty Signature: _____