

**ACCESS SERVICES DEPARTMENT
JACKSON LIBRARY, UNC GREENSBORO**

**AUTHORIZATION TO BORROW
BOOKS/JOURNALS/INSTRUCTIONAL TECHNOLOGY &
FILMS FOR UNCG FACULTY**

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

Department: _____

Faculty UNCG ID # or
SpartanCard Number: _____

Phone number: _____

I authorize the following individual(s) to borrow books, journals, instructional technology and films 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.)

Name

Expiration Date

Date Submitted: _____

Faculty Signature: _____