

**Waidner-Spahr Library Authorization Form**

Please allow \_\_\_\_\_ (student)

To check out items for \_\_\_\_\_ (professor)

On this date only: \_\_\_\_/\_\_\_\_/20\_\_ -or-

For the \_\_\_\_\_ semester 20\_\_  
(spring, fall)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

This form must be signed by the department coordinator or professor and presented at each check out. Departmental student worker is responsible for retaining form for semester-long privileges.