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.