



**Libraries to Go Faculty Document Delivery Proxy Request**

**2006/07 (Term 07)**

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

Faculty Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

On Campus Delivery Address  
(if different from campus address): \_\_\_\_\_

Faculty ID Number: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

The following Graduate Student Assistant and/or the Department Secretary have permission to sign for receipt of delivery for document delivery services.

Graduate Student Name: _____
Graduate Student ID Number: _____
Graduate Student Office/Location: _____
Graduate Student Signature: _____

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

Secretary Office/Location: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

Please be aware that the faculty member is responsible for all materials, fines, and fees incurred on her/his library account.

**NOTE: This form must be completed and returned to G-2 Hillman Library for faculty document delivery services. In the absence of the faculty member, the proxy must sign for receipt of delivery.**

Thank you for using Libraries to Go!