

Libraries to Go Faculty Document Delivery Proxy Request

2017/2018 (Term 18)

Date: _____

Faculty Name: _____

Campus Address: _____

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

Pitt ID Number: _____

Faculty Signature: _____

The following Graduate Student Assistant and/or the Department Administrator
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 Administrator : _____

Department Administrator Office/Location: _____

Department Administrator 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-27 Hillman Library
for faculty document delivery services (email: dd3ill@pitt.edu).
In the absence of the faculty member, the proxy must sign for receipt of delivery.**

Thank you for using Library to Go!