WSU LIBRARIES
Permission for Book Checkout

I authorize the following person to check out materials on my library account from the WSU Libraries:

Please Print:

Name: _____
(Last) **(First)**

Shockercard Number or myWSU ID Number:_____

Authorized for checkout:

Fall_____**semester** **Spring**_____**semester** **Summer**_____**semester**
(Year) ***(Year)*** ***(Year)***

Authorized by:

Name: _____
(Last) **(First)**

Telephone:_____ **Department:**_____

Shockercard Number or myWSU ID Number:_____

This form authorizes the listed person to check out library materials on my behalf by presenting their Shockercard or photo ID card. I accept responsibility for all material checked out by the listed designated user on my account.

Signature: _____ **Date:**_____

Please refer questions to any staff person at the Circulation Desk.
Phone: (316) 978-3582 or email: librarystaff@wichita.edu

Additional copies of this form are available on our webpage at: http://library.wichita.edu/circulation/requests.htm

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Library Staff Approval: _____ ***Date:*** _____