MARQUETTE UNIVERSITY
RAYNOR MEMORIAL LIBRARIES
AUTHORIZED ASSISTANT FORM

Faculty members can authorize graduate research assistants to check out library material for the
faculty member. Before this can occur, this “Authorized Assistant Form” must be completed. All
material that is checked out in this manner is the responsibility of the authorizing faculty member.
Complete all eight lines below and return this form to the Raynor Memorial Libraries Circulation
Desk. PLEASE TYPE OR PRINT NEATLY!
1. Date: ______/ ______/ _________
2. Faculty Member: ____ Dept.: _______________
3. Authorized Assistant: ____
4. My Assistant is: MU Staff _____ Graduate Student ______ Spouse ______Other ___________
5. I authorize this assistant for: Fall _________ Spring _________ Summer_________
 of the 20________ - 20________ academic year.
6. I, the above named faculty member, authorize the assistant named above to check out library
 material in my name. I UNDERSTAND THAT I REMAIN PERSONALLY RESPONSIBLE
 FOR ALL MATERIAL CHECKED OUT IN THIS MANNER.
 Signature of Faculty Member ____
7. As an Authorized Assistant, I understand that I cannot check out library material for my own
 personal use with this privilege.
 Signature of Authorized Assistant ____
All library notices will be sent via email to the faculty member’s Marquette address.

Please return this form to: Raynor Memorial Libraries Circulation Desk
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 (DO NOT WRITE BELOW THIS LINE)
RAYNOR MEMORIAL LIBRARIES ASSISTANT FORM
INTERNAL USE ONLY
 □ Create authorized assistant library record and card. □ Email faculty member to confirm authorized assistant record. □ Enter faculty and assistant information into database. □ File authorized assistant form.