



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

Drake Memorial Library
Circulation Department
585-395-2277

**LIBRARY AUTHORIZATION FORM
FOR STUDENT ASSISTANT PROXY BORROWING**

Date: _____

_____, my student assistant, has my permission to
borrow Drake Memorial Library materials for my use, using my SUNY Brockport ID card and
checking out materials in my name.

I authorize this usage for the following period of time: _____

(Example: Fall semester, academic year, specific month, this time only, etc.)

I understand that I will be fully responsible for any materials borrowed in this way.

_____ Faculty member's signature

_____ Department

_____ Phone number(s)