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Faculty Authorization Form

755 Library Road

Rochester, NY 14627

585.275.4454

## Faculty Authorization Form

<b>Name</b>	
<b>Campus Address</b>	
<b>Department</b>	
<b>Phone</b>	

I understand that I am responsible for:

- All materials checked out for me by my proxy
- Return or renewal of books by the due date
- Payment of all the fines for late, damaged and/or lost materials
- Written notification if a proxy is to be revoked or cancelled before the expiration date of September 30, 2020

<b>Proxy Patron</b>	
<b>Proxy Patron</b>	
<b>Proxy Patron</b>	
<b>Authorized by:</b>	

Valid through September 30, 2020. Please notify us of any changes prior to this date.