



# UBC LIBRARY CARD APPLICATION FORM

## For Faculty Authorized Users

**UBC FACULTY MEMBER'S NAME:**

\_\_\_\_\_ first \_\_\_\_\_ last

**UBC FACULTY MEMBER'S BARCODE:** # 29424 \_ \_ \_ \_ \_

Please issue a Faculty Authorization card to the following person so that s/he may borrow Library materials and access services in my name for my UBC academic use.

**AUTHORIZED PERSON**

**Name:** \_\_\_\_\_ first \_\_\_\_\_ last

Library Use Only
29424 _____

**Who is my:**

- Secretary
- Research assistant
- Research collaborator

**This authorization expires:**

- April 15<sup>th</sup>, 2017
- September 15<sup>th</sup>, 2017

**Faculty member's statement:**

I understand that this is a separate library card from my personal library card and that material signed out on it will not appear on my personal library account. I understand that any materials borrowed on this card are my responsibility and that use of this card is subject to the *UBC Library Loan Regulations*. I agree that if any item is lost or returned late, I will pay the resulting fine or charge. I also understand that my own borrowing privileges can be suspended if material borrowed on a Faculty Authorization card is not returned on time when requested by another borrower, or if other use of the card results in a suspension of privileges. I understand that it is my responsibility as an authorizing party to contact the Library if I wish to cancel an authorized card.

I would like the person receiving this card to receive all e-mail or other correspondence regarding use of this card, rather than myself. Yes  No

**UBC Faculty Member's Signature:** \_\_\_\_\_

**Dept or Faculty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (dd/mm/yyyy)

**TO THE AUTHORIZED PERSON:**

Bring this completed form along with 1 piece of photo ID to the Circulation Desk of the Walter C. Koerner Library, UBCO Library, Woodward Library or the Biomedical Branch Library.