



PROXY AUTHORIZATION

In my absence, I hereby authorize _____,
ID # _____, to check out library materials on my behalf. I assume full responsibility for items not returned and/or any penalties assessed for late return.

I am aware that this expires at the end of the semester indicated below and I agree that it is my responsibility to notify the Circulation Desk (618-453-1455) if I want this proxy relationship terminated prior to that date.

Signature of Sponsor

ID#

Proxy expires (check one):

Fall 202__
(December 31)

Spring 202__
(May 31)

Summer 202__
(August 31)

PLEASE NOTE: Proxies can be set up for no more than 3 consecutive semesters.

Completed applications must be submitted in person by either the sponsor or proxy and University IDs belonging to both parties must be present.

Approved by _____ Date _____