



**Elmer E.
Rasmuson
Library**

LIBRARY USE ONLY
Guest User
Authorization for Library Privilege
Date Received: _____
Initials: _____

Circulation
Information
Services
Department

P.O. Box 756800
Fairbanks, AK
99775-6800

(907) 474-7481
fax (907) 474-6841

To Library Circulation Personnel:

I _____ (print name)
(must be Dept. Head or Dean or Dean's Designee)

Authorize _____ (print name)

To check out library materials based on their affiliation as:

_____ (state nature of affiliation)

With the _____ department at the University of Alaska Fairbanks. This department agrees to accept financial responsibility for any library materials, including Interlibrary Loan materials, that are checked out by this person and not returned to the library at the end of their affiliation.

Use of the library card is limited to the following dates (no more than 2 years):

From: _____ to: _____

Signature of departmental authority: _____
(Dept. Head or Dean)

Print name: _____

Date: _____

Department: _____