

Kent Library Proxy Authorization Form

- Proxy Authorization is a service offered to Southeast Missouri State University faculty and staff who want other Southeast Missouri State University individuals to check out materials or request inter-library loan items for the faculty/staff member.
 - Proxy cards will be processed within one week. The completed proxy cards will be mailed to the faculty or staff person, through campus mail. Upon receiving the card, the proxy will have the authority to check out library materials or make Interlibrary Loan requests only at Kent Library for the identified faculty/staff member.
 - A proxy must present the proxy card and a valid picture ID to check out or request items from the library.
 - Only three proxies may be authorized at any given time for each faculty/staff member. All proxies will be authorized for one year, unless the faculty/staff member specifies a shorter period of time.*
 - The faculty/staff member is responsible for all materials borrowed on his or her patron record by an authorized proxy. This includes responsibility for payment of fees and replacement charges.
 - Faculty/staff members who use a proxy are encouraged to view their library accounts on a regular basis (weekly, at least) to confirm that all materials checked out by the proxy have been approved by the faculty/staff member.
 - Before the Proxy Authorization Form is processed, an e-mail will be sent to the faculty/staff member applying for a proxy card to confirm their intent to allow another University individual access to their library account.
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ALL FIELDS MUST BE COMPLETED TO PROCESS FORM

Faculty/Staff name (please type/print): _____

Department: _____

SEMO E-Mail: _____

SEMO ID#: _____ Office Phone #: _____

Faculty/Staff Signature: _____ Date: _____

Continued on reverse side . . .

Proxy 1

I authorize the following person to serve as a proxy, and to utilize the above mentioned library services in my name:

Name: (please type/print) _____

SEMO E-Mail: _____

SEMO ID#: _____ Phone #: _____

Proxy Signature: _____ Date: _____

Proxy Expiration Date:* (MM/DD/Year): _____

Proxy 2

I authorize the following person to serve as a proxy, and to utilize the above mentioned library services in my name:

Name: (please type/print) _____

SEMO E-Mail: _____

SEMO ID#: _____ Phone #: _____

Proxy Signature: _____ Date: _____

Proxy Expiration Date:* (MM/DD/Year): _____

Proxy 3

I authorize the following person to serve as a proxy, and to utilize the above mentioned library services in my name:

Name: (please type/print) _____

SEMO E-Mail: _____

SEMO ID#: _____ Phone #: _____

Proxy Signature: _____ Date: _____

Proxy Expiration Date:* (MM/DD/Year): _____