

# LIBRARY CIRCULATION PROXY FORM

ONE PROXY PER FORM

Faculty Name (please print)		CWU ID #		
Proxy's Name (please print)		CWU ID #		
Year _____				
Fall Quarter	Winter Quarter	Spring Quarter	Summer Quarter	One Time Only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the designated proxy to check out materials using my CWU Connection Card. I acknowledge that I am responsible for all materials borrowed on my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Received By Initials _____	Date _____

