



Hannon Library Proxy Registration Form

By completing this form, current SOU faculty, students, or staff authorize the person(s) listed below to check out and/or pick up library materials on their account. SOU patrons are responsible for the return of materials, recall notices, and replacement charges for lost books.

Date: _____

Proxy Name: _____

Proxy Affiliation: T.A. Spouse/Partner Other (specify) _____

Proxy Expiration Date:

_____ Academic Year 20____

_____ Summer Term 20____

_____ Fall Term 20____

_____ Spring Term 20____

_____ Winter Term 20____

_____ Other (specify) _____

Sponsor Name (Print): _____

Sponsor Signature: _____

Department (if applicable): _____ Contact Number: _____

FOR CIRCULATION USE ONLY

This Section Must be Completed by a Staff Member or Student Assistants

Date Received: _____ **Received By:** _____

Account Created By: _____

Quality Check Date: _____ **Account Reviewed By:** _____