

UNIVERSITY OF ADELAIDE LIBRARY

AUTHORISATION OF BORROWING PRIVILEGES



I wish to authorise the granting of University of Adelaide borrowing privileges to the following person, who is currently a member of the University in the category specified below:

Applicant's details:

Name:	
Contact department:	
Email address:	
Membership category (please tick)	
<input type="checkbox"/> Visiting academic	Termination date:
<input type="checkbox"/> Visiting student	Termination date
<input type="checkbox"/> Higher degree student awaiting enrolment	Expected date of enrolment:
<input type="checkbox"/> Honours student awaiting enrolment	Expected date of enrolment:
<input type="checkbox"/> Other (Please provide name of position, term of appointment and reason why borrowing privileges are needed.	
Position name: _____ Term of appointment: _____	
Reason:	

To be completed by Head of Department:

DECLARATION: I declare that should Library privileges be granted to the above-named person, this Department will act as guarantor for that person in the proper use and return of library materials.
Signature of Head of Department: _____ Date: _____
Name (please print): _____
Head of the Department of : _____

Library use only:

Barcode:	Ref. No.
Date registered:	by: