



AUTHORISATION FOR UNIVERSITY OF ADELAIDE LIBRARY BORROWING PRIVILEGES

I wish to authorise the granting of University of Adelaide Library borrowing privileges to the following person:

Name:	
Departmental Address:	
Residential Address:	
Email address:	
Telephone number:	
University ID number: (if applicable)	

Membership category (please indicate below):

Staff

Position held:	
Term of appointment:	
Brief description of why membership is required:	

Student

Type of student: (ie. Postgrad; Undergrad; Visiting)	
Length of membership required:	
Brief description of why membership is required:	

DECLARATION : (to be completed by Head of Faculty/School)

I declare that should library privileges be granted to the above-named person, this Faculty/School will act as guarantor for that person in the proper use of library resources and return of library materials.

Signature: _____ Date: _____

NAME: _____

HEAD OF: _____