



scelc

Statewide California Electronic Library Consortium

## Authorization for Reciprocal Faculty Borrowing Privileges

Faculty Member Name: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

*(consider making arrangements ahead of time with the Lending Institution's RFBP contact)*

Reason for Request (optional): \_\_\_\_\_

\_\_\_\_\_

### ***Privileges Authorized by***

Librarian Name: \_\_\_\_\_

Librarian Title/Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*(by signing this form, your library accepts full responsibility for any fees or charges incurred by the above faculty member)*

Authorization Valid Until (optional): \_\_\_\_\_

### ***For Lending Institution Use***

Date Card Issued: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Card Issued by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

***This form should be kept by the Lending Institution.***