I authorize the following person to check out materials on my library account from the WSU Libraries:

Please Print:

Name: ____________________________________________________________________________

(Last)                                                                                     (First)

myWSU ID or Shockercard number: _______________________________________________________

Authorized for checkout:

Fall__________ semester   Spring__________ semester   Summer___________ semester
(Year)                                           (Year)  (Year)

Authorized by:

Name: ____________________________________________________________________________

(Last)                                                                                     (First)

myWSU ID: ____________________________              Department: _______________________

Telephone: ___________________________

This form authorizes the listed person to check out library materials on my behalf by presenting their Shockercard or photo ID card. I accept responsibility for all material checked out by the listed designated user on my account.

Signature:  ____________________________________        Date: ______________________

Please refer questions to any staff person at the Circulation Desk.
Phone: (316) 978-3582 or email:  librarystaff@wichita.edu

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Library Staff Approval: __________________________  Date: ______________________

09/2015 RT