

**Carnegie Mellon University
Proxy Borrowing Permissions Form**

Under certain circumstances a Carnegie Mellon faculty member may wish to designate a person to act as a proxy borrower for him/her. This service is offered as a convenience for faculty members only. The proxy needs to be a University employee or student, normally a graduate student, research associate, or secretary who works closely with the faculty member. The proxy is required to present his/her own CMU ID card when borrowing materials for the faculty member.

It is understood that the materials borrowed are for the use of the faculty member, not the proxy and will remain in the possession of the faculty member. The faculty member agrees to accept responsibility for the materials borrowed for him/her by the proxy.

The Proxy privileges are in effect for either one semester or twelve months, depending on the status of the proxy. The faculty member agrees to notify the University Libraries of any change in the proxy and is responsible for items borrowed in his/her name until such notification is received.

Please provide the following information requested below to initiate the proxy borrowing privileges for your assistant. Allow up to one week for this form to be processed. Borrowing privileges cannot be extended after the application is processed.

Faculty Member Information:

Name (please print) : _____

Department: _____ Date: _____

Signature: _____

Proxy Information:

New proxy Replacement for _____
(enter name of existing proxy to be deleted)

Name (please print): _____

Status (check one):

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Full-time permanent staff | (entitled to twelve month proxy) |
| <input type="checkbox"/> Graduate student | (entitled to one semester proxy) |
| <input type="checkbox"/> Undergraduate student | (entitled to one semester proxy) |

For student proxy, please check applicable semester:

Fall Spring Summer

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Library Use Only

Approved by: _____ Expiration date: _____

Input in Cameo by: _____ Date: _____