



Proxy Borrowing Agreement Faculty

Name: _____

Department: _____

Email Address: _____

Proxy Borrower's Name: _____

Banner Number: _____

Academic Semester / Year: _____

I authorize this person to act as my proxy borrower Campbell Library. My signature below authorizes the person named above to serve as my proxy to borrow materials from the Campbell Library.

I understand that this proxy authorization is not intended for the proxy's personal use. I understand that once my proxy has checked items out of the library, the materials are my responsibility and appear on my library account, exactly as if I had checked them out myself. I assume financial responsibility for replacement of Library materials lost, stolen or damaged.

Signature: _____ Date: _____

Questions? Contact Campbell Library Access Services. 856-256-4802 or circulation@rowan.edu