



STETSON UNIVERSITY

DUPONT - BALL LIBRARY

stetson
.edu
/library

In order to allow other members of the Stetson Community to check out library materials on your account, please complete and sign this form and return it to the library's Circulation Desk or mail the completed and signed form to Unit 8418.

Your Name: _____ Date: _____

I give my permission for the following family, staff members, or student assistants to check out material under my duPont-Ball Library account. I understand that I am responsible for replacement costs for any unreturned items.

Please provide the names of those you wish to check out items on your account and the date their authorization expires (month/day/year, end of semester, until further notice, etc.).

Name	Date Privilege Expires
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1. _____

2. _____

3. _____

4. _____

5. _____

Your Signature: _____