



duPont-Ball
Library

Proxy Form

In order to allow other members of the Stetson Community to check out library materials on your account, please complete and sign this form.

Your Name: _____ Stetson ID Number: _____

I give 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 the semester, until further notice, etc.)

Name _____	Date Privilege Expires _____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Your Signature: _____ Date: ____/____/____

Please return the completed and signed form by one of the following methods:

- By email to libadmin@stetson.edu (please scan completed & signed copy)
- By mail or hand delivery to:
duPont-Ball Library - Circulation
Unit 8418
421 N. Woodland Blvd.
DeLand, FL 32723