



APPLICATION FOR LIBRARY PROXY ACCOUNT

APPLICANT

NAME:		DATE OF BIRTH (mm/dd/yyyy):	
INSTITUTIONAL AFFILIATION:			
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:		EMAIL:	

I understand that the privileges granted by this card are only to be used in the course of my work as a library proxy as assigned and overseen by the faculty sponsor named below. I further understand that this card and its privileges are non-transferable.

I understand that this application must be sent to the library from the faculty sponsor's Harvard email address.

E-SIGNATURE OF LIBRARY PROXY:
(Type name if you don't have e-signature)

DATE:

FACULTY SPONSOR

NAME:		SCHOOL AFFILIATION:	
HUID #:		HARVARD EMAIL:	

As a member of the teaching faculty of Harvard University, I request that Harvard Library grant proxy borrowing privileges and remote access to electronic resources to my library proxy named above.

I assume full responsibility for any and all fines, fees, and other liabilities incurred through the use of these privileges, including charges for books lost or not returned when recalled by the library.

I affirm that the library proxy named on this form works under my immediate supervision and direction.

I understand that all correspondence related to library use by my library proxy will be sent to me.

I understand that proxy privileges are non-transferable, only to be used in relation to work directly assigned by me, related to my academic research and/or teaching, and not for personal, business, or corporate use.

I have conveyed this information to my library proxy.

I confirm that the information submitted contains the full name and date of birth included on the library proxy's government-issued identification.

EXTEND PRIVILEGES UNTIL (not to exceed 12 months):

E-SIGNATURE OF FACULTY SPONSOR:
(Type name if you don't have e-signature)

DATE: