MARDIGIAN LIBRARY — PROXY CARD APPLICATION

I authorize the following individual to receive a proxy card to check out materials from the Mardigian Library in my name:

Name: _____

UMID (if applicable): _____

Proxy card expires on (within one calendar year of date of application):

> January 15
> May 15
> September 15

Account Holder Information:

Name: _____   UMID: _____

Department (Faculty/Staff only): _____   Phone: _____

I agree that I will be responsible for all materials checked out on the proxy card including return by due date, renewals, recalls, fines and fees:

Account Holder Signature:* _____

Today's Date: _____

Please return this form by email to mardigian-library-user-services@umich.edu

*Forms emailed from the account holder's university email address will imply signature.

OFFICE USE ONLY:

Proxy card issued by (supervisor initials): _____   Date issued: _____

Put note in Account Holder record: _____

>   "NAME proxy card holder until DATE. initials, date"

If proxy has a UMID, put note in Proxy's account: _____

>   "Proxy card holder for NAME until DATE. initials, date"

File Form in Proxy Card folder alphabetically by the Account Holder's last name.