



Faculty Authorization Card Application

On the web at <http://www.lib.utc.edu/>

Name of Faculty Member: _____

Department: _____

Campus Address: _____

Office Phone Number: _____

Email: _____

Social Security Number: _____

UTCID: _____

Start Date of Authorization: _____

End Date of Authorization: _____

Signature of Faculty Member: _____

Faculty member's signature declares that he/she agrees to take financial responsibility for any lost or damaged materials checked out to his/her account by the authorized user.

Name of Authorized User: _____

Signature of Authorized User: _____

Note: Faculty Authorization card will be delivered to the faculty member immediately upon the library's receipt of this form. It is the faculty member's responsibility to give the card to the Authorized User and to advise the Authorized User regarding acceptable use of the Card.

Staff Use Only

Faculty Member's ID Number: _____

Staff Member who issued Card: _____