

UNIVERSITY LIBRARY

MSC 3475
New Mexico State University
PO Box 30006
Las Cruces, NM 88003-8006



DATE: _____
TO: Circulation Staff
FROM: _____
SUBJECT: Library Materials Check-Out Authorization

Please authorize _____
(Name and SSN or NMSU ID#)
to check out library material in my name from the NMSU Library. Information
regarding my account is supplied below. This authorization is valid through
_____.

I understand that I may extend this authorization to no more than two students or
staff members at any one time, and that I am assuming responsibility for all
materials charged out in my name. Thank you.

ACCOUNT TO WHICH ITEMS WILL BE CHARGED
(PLEASE PRINT)

NAME: _____

DEPT: _____

SSN or NMSU ID #: _____

PHONE: _____

Signature