



Web - <http://library.tcu.edu>

Assistant Permission Form

Please permit my Assistant to check out library materials under my library account. This privilege and card expires each year on August 31st.

Date _____

Assistant's Name _____

Professor's Name _____
(Please Print)

Professor's Signature _____

Professor's ID Number _____

TCU Box Number _____

Department _____

Department Phone _____

Professor's Phone _____

Notification Email(s) _____

OFFICE USE ONLY	
Barcode ID Number	_____
Proxy Number	_____

Department	_____	_____	_____
Professor's Last Name	_____	_____	_____
Assistant's Last Name	_____	_____	_____
			Updated