



## Assistant Proxy Permission Form

Please permit my Assistant to check out library materials under my library account. This privilege and card expire each year on August 31<sup>st</sup>.

Date \_\_\_\_\_

Assistant's Name \_\_\_\_\_

Professor's Name (Print) \_\_\_\_\_

Professor's ID Number \_\_\_\_\_

TCU BOX Number \_\_\_\_\_

Department \_\_\_\_\_

Department Phone \_\_\_\_\_

Professor's Phone \_\_\_\_\_

Professor's Email \_\_\_\_\_

08/28/2023