For Office use only:	Faculty last name:	
Tor Office ascomy.	Faculty last name:	
	Faculty first name:	
	PRX number:	
	Location:	
<ul> <li>* only Yale University Faculty are eligible</li></ul>		
	Yale University	Library
	Proxy Borrowing	Agreement
Faculty Name:_		
1)	ast) (First)	(Middle initial)
Email Address:		
I authorize		, to act as my proxy
borrower within the Yale University Library system.		
Start date:	End da	te:
from the Yale Unive location for my use. authorized by me for use. I understand th responsibility and ap assume financial res	rrsity Library and to courier thos I understand that the proxy care my research and/or classroom use at once my proxy has checked ite spear on my library account, exace sponsibility for replacement of I	we to serve as my proxy to borrow materials to and from my office or other is used only to take out materials directly to the intended for the proxy's personal ms out of the library, the materials are my ottly as if I had checked them out myself. I have incidentally incidentall
Signature:		Date:

Questions? Contact Information Services, SML smlcirc@yale.edu (203) 432-7189

Fax completed form to Information Services, SML Fax #: (203) 432-9486

Accept 9.24.04 clg rev 6/09 hjf per clg