

MARQUETTE UNIVERSITY LAW LIBRARY

RESEARCH ASSISTANT AUTHORIZATION FORM

Both the professor and student in order for the student to be able to check out books and periodicals or use the staff copier under the professor's name MUST fill out this form. THIS FORM MUST BE RETURNED TO THE LAW LIBRARY CIRCULATION DESK!!!

(Raynor Libraries require individual forms. These may be picked up at the Law Library Circulation Desk.)

TO BE FILLED OUT BY THE PROFESSOR:

Professor's Name: _____

Professor's Dept: _____

Professor's Phone Extension: _____

Research Topic: _____

Please indicate to us Dates Effective: From ____/____/____ through ____/____/____

Professor's Signature: _____

Applies Only to Law School Research Assistants: Photocopy Privilege (Print Wise) ____ Yes ____ No

TO BE FILLED OUT BY RESEARCH ASSISTANT:

Name: _____

Phone Number: _____

Student Identification Number: _____

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