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: ____________________________________________________________

Research Assistant’s Signature: ____________________________________________________________

TO BE FILLED OUT BY LIBRARY STAFF:

Date Input into Database: ___________ Pcode 1: ______

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