

Health Sciences Library

AUTHORIZATION REQUEST FORM

- The Authorization Form allows a person to permit another individual to utilize the Ohio State University Libraries' services in their name.
- Once this form has been completed and returned to the Health Sciences Library Public Services Desk, the person listed below will have permission to check out materials at any OSU Library. They will also be able to pick up interlibrary loan items requested through HSL Document Delivery by the authorizing person.
- It is recommended that no more than four people be authorized at a time and that they be authorized on a semester-by-semester basis.
- **The authorizing person is responsible for all materials borrowed on his/her patron record.**
- You may want to encourage the authorized person to obtain a receipt when returning books.

Name (please print legibly) _____

OSU ID# (8- or 9-digit) _____ Phone _____

I authorize the following person(s) to utilize the above mentioned library services in my name:

Name (please print legibly)	Length of authorization (MO/DAY/YR) 1 yr. max.

Authorizing signature _____ Date _____

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THE OHIO STATE UNIVERSITY