Research Assistant Authorization Form  
Health Sciences Library  
University of North Carolina at Chapel Hill

Date: ______________________

I, ________________________________, a member of the faculty of the University of North Carolina at Chapel Hill, hereby designate ________________________________ as my research assistant. He/she is authorized to borrow books in my name, and I assume responsibility for their return or compensation for the loss of any books so borrowed.

Faculty Member’s Signature: ________________________________  PID: __________________________
Faculty Member’s email: ________________________________

Research Assistant’s Signature: ________________________________  PID: __________________________
Research Assistant’s email: ________________________________

Campus Address/Box: ________________________________________
Department: ________________________________________________
This authorization expires _______________________________________

In addition to this form, the Faculty Member must also complete a Borrower’s Card Application.

Library Use Only:

Date Received: ______________________  Date Replied: ______________________
Carrel Number: ______________________