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FACULTY BORROWING PRIVILEGES AUTHORIZATION FORM

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above mentioned person(s) has/have been granted permission to borrow or retrieve KSU

materials and/or GIL Express books at my request, using my KSU ID card. This person should also bring their own KSU ID to confirm their identity.

If materials borrowed are from the Interlibrary Loan office, authorization for others to pick up materials must be approved by the Interlibrary Loan office. (illoan@kennesaw.edu or (470) 578-6002)

The above mentioned person(s) has/have my authorization for the semester checked below:

\_\_\_\_\_Entire Academic Year (Fall, Spring, Summer Semesters)

\_\_\_\_\_Fall Semester

\_\_\_\_\_Spring Semester

\_\_\_\_\_Summer Semester

Faculty Member Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KSU #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the completed form to either the Sturgis Library Check Out Desk or Johnson Library Check Out Desk or send via campus mail to Sturgis Library Access Services, MD#1701 or Johnson Library Access Services, MD#9020. Sending the form via email or DocuSign are also accepted at librarycirculation@kennesaw.edu.

\*Per section III of the Code of Ethics of the American Library Association “We protect each library user's right to privacy and confidentiality with respect to information sought or received and resources consulted, borrowed, acquired or transmitted.

(<http://www.ala.org/advocacy/proethics/codeofethics/codeethics>)