

Carrel No. _____

**FLORIDA STATE UNIVERSITY
UNIVERSITY LIBRARIES
FACULTY CARREL APPLICATION**
(Please Type or Print Legibly)

NAME: _____ DATE: _____

LIBRARY CARD#: _____ EMAIL: _____

CAMPUS ADDRESS: _____ CAMPUS PHONE #: _____

DEPARTMENT: _____

Semester for which carrel is requested: FALL 20____ SPRING 20____ SUMMER 20____

I have read and understand the attached "POLICIES FOR USE OF FACULTY CARRELS" form and agree to the following:

- Carrels are issued to full-time faculty.
- The library is not responsible for items left in the carrels.
- I understand that the FSU key bank will be given my name as the holder of the key I possess.
- Library staff will be entering the carrel on a monthly basis to check for violations.
- Three violations will result in my expulsion from the carrel.
- The key to the carrel is my responsibility. Therefore, I will pay any cost incurred if the library needs to re-key the room due to my failure to return the key when asked or if I fail to file a police report if the key is lost or stolen.
- I understand that I may be denied an extension if there is a waiting list or violations.

SIGNATURE

DATE

LIBRARY USE ONLY

Application received: Date: _____ Time: _____

FSU Card Verified: YES NO Name of staff receiving application : _____

Carrel assigned? YES NO Date: _____

Key Card Issued Date: _____ Date Key Due: _____ Key Returned Date: _____

Notice	Date	Comments
First		
Second		
Final		

COMMENTS: _____