

## FACULTY ID AUTHORIZATIONS FOR CURRENTLY ENROLLED GRADUATE STUDENTS OR RESEARCH ASSISTANTS

Faculty ID Authorizations are signed permissions that faculty members submit to the University Libraries so currently enrolled graduate students or research assistants can check out library materials on the faculty member's FSU card.

This form can be filled out on this web page and printed or a copy can be obtained at the circulation desk in any of the University Libraries. The faculty member must sign the authorization form and indicate the expiration data on the form. The form will be filed at the primary library of use but will be applicable in all of the university libraries.

At the time of check-out the graduate student must present their FSU card for identification and the faculty member's FSU card to check out the library materials.

### Directions for completing the Faculty ID Authorization Form

1. Open this form using Adobe Acrobat Reader. You must have Adobe Acrobat Reader 4.0 or higher in order to utilize this form. If you do not have Adobe Acrobat Reader proceed to <http://www.adobe.com/products/acrobat/readstep.html> and download the latest version.
2. Choose the library where you will submit your form by clicking the appropriate box next to the named library. If you are having difficulty selecting the library use the tab key to move to the next field and the enter key to choose the appropriate library.
3. Fill in the form by typing in the required faculty and graduate assistant information. Use the tab key to progress to the next field.
4. Bring the completed form to the circulation desk at the library you indicated on the form.

### FLORIDA STATE UNIVERSITY, UNIVERSITY LIBRARIES FACULTY ID AUTHORIZATION FOR CURRENTLY ENROLLED GRADUATE STUDENTS OR RESEARCH ASSISTANTS

Signed authorization form on file at:

Strozier Circulation    Medicine    Dirac Science    Law    LSL    Music

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Faculty's Last Name (Print)	First Name (Print)	E-mail
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Office Phone	SS#	Department
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The graduate student or research assistant named below has permission to check out materials for me on my ID. I accept responsibility for materials checked out to me this way and understand that the books are subject to recall. This permission will expire at the end of the current semester unless another date is specified.

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GA's Last Name (Print)	First Name (Print)	SS#
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Faculty Signature	Date
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Date Effective	Date Expires
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