

**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: _____