



**AUTHORIZED BORROWER'S FORM**  
(This service is available only to UVa faculty and staff.)

\_\_\_\_\_  
Date

**PLEASE PRINT:**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Authorizing Individual's Name) (Department Name and Box Number)

authorize \_\_\_\_\_ to borrow library materials in my name, including:  
(Designated Individual's Name)

\_\_\_\_\_ Books, journals

\_\_\_\_\_ Audiovisual equipment

\_\_\_\_\_ Computer-related equipment and software

**I understand that I am responsible for the safe return of these materials to The Claude Moore Health Sciences Library and any fines that may be assessed for overdue materials. This authorization will expire one year from today's date, unless specified otherwise in the space below.**

\_\_\_\_\_  
Signature of Authorizing Individual

\_\_\_\_\_  
University ID number

\_\_\_\_\_  
Expiration date of authorization

*Please attach a photocopy of the  
authorizing person's HS ID here,  
or on an attached sheet.*

**NOTE:** The Designated Individual must show her/his ID at the time of checkout.

*For further information, call the Circulation Desk at (434) 924-5444  
or the Learning Resources Center at (434) 924-5521.*

**CLAUDE MOORE HEALTH SCIENCES LIBRARY**  
**P. O. BOX 800723**  
**University of Virginia Health System**  
**Charlottesville, VA 22908**  
**FAX: (434) 924-0379**