

# Pennsylvania Academic Library Consortium, Inc.

(PALCI)

## DIRECT FACULTY BORROWING AUTHORIZATION

Library Staff:

This completed form serves as a confirmation that the faculty member listed below is currently a member of the faculty at the academic institution served by the participating PALCI library. (Please *print* all information.)

Please add this faculty member to your patron database and allow him/her access to materials as is standard at your institution.

Date: \_\_\_\_\_

Faculty Member Name \_\_\_\_\_

Faculty Library ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

College or University \_\_\_\_\_

Authorizing Librarian \_\_\_\_\_

Librarian's Telephone # \_\_\_\_\_

Librarian's E-mail Address \_\_\_\_\_