

UCSC Library Proxy Card Renewal Application

Proxy Name _____

I authorize the person listed on this form to withdraw library materials in my name. I will be responsible for return of materials, recall notices, and replacement bills, fines/fees, or lost books on this account.

Faculty Name _____
last *first*

Faculty Signature _____

Faculty Barcode _____

Proxy Expiration Date:

1 year
6/30/___

fall winter spring summer I summer II
1/4/___ 3/31/___ 6/30/___ 7/31/___ 9/30/___