

# UR Libraries - Faculty Proxy Card Application

- ELECTRONIC FORM -  
CLICK IN FIELDS BELOW TO  
ENTER INFORMATION

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

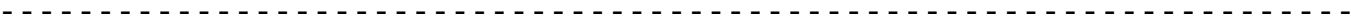
Department \_\_\_\_\_

Effective Date \_\_\_\_\_

Please list proxy assistants below.

Name	URID	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Faculty Signature \_\_\_\_\_



# UR Libraries - Faculty Proxy Card Application

- ELECTRONIC FORM -  
CLICK IN FIELDS BELOW TO  
ENTER INFORMATION

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

Department \_\_\_\_\_

Effective Date \_\_\_\_\_

Please list proxy assistants below.

Name	URID	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Faculty Signature \_\_\_\_\_