



**THOMPSON RIVERS
UNIVERSITY**
Library

TRU Library Card Application For Faculty Approved Research Assistants

TRU Faculty Member Information

Name _____
 Faculty ID Number _____
 Department or Faculty _____
 Phone Number _____
 Email _____

I hereby authorize the TRU Library to issue a library card to the following person, who I authorize to borrow library materials and access services under my name for academic purposes.

Research Assistant Information

Name _____
 Student ID Number _____
 Phone Number _____
 Email _____

Authorization Expiration Date: _____

TRU Faculty Member Statement of Responsibility

I understand that the library card issued to the authorized person will be separate from my personal library card, and also separate from the personal library card of the research assistant. I understand that I am responsible for any materials borrowed using this card, and I agree to pay any fines resulting from such items that become lost, damaged, or are returned late. I also understand that my personal borrowing privileges will be suspended if the use of this library card results in a suspension of privileges.

I would like to receive all correspondence including email regarding the use of this library card:

Yes No

TRU Faculty Member Signature

Date

Instructions to the Authorized Research Assistant

Bring this completed form and your TRU Campus ID (or one other piece of official government issued ID) to the circulation desk at the TRU Library.