



**University Libraries**  
**UNIVERSITY OF GEORGIA**

**Emissary Agreement**

Please allow the following individual, \_\_\_\_\_,  
to charge out materials in my name for my use during the period of time from  
\_\_\_\_\_ (mon/day/yr.) to \_\_\_\_\_ (mon/day/yr.).

Note: **maximum of 12 months.**

**I understand that I am responsible for all overdue materials and for any overdue fines that accrue because material is returned past the due date. I agree that I will make arrangements to have material that has been recalled for use by another patron returned immediately.**

Authorizing Patron's Name \_\_\_\_\_

Authorizing Patron's Address \_\_\_\_\_

Authorizing Patron's Email \_\_\_\_\_ Phone \_\_\_\_\_

Authorizing Patron's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this sheet to: Access Services Department, Main Library, Athens, Ga. 30602.

**This form will not be accepted if it is not completely filled out. If any information is missing or incorrect, the form will be destroyed and a blank form will be issued. These rules are for the protection of the authorizing patron requesting this service.**

**Office Use Only:**

Patron#: \_\_\_\_\_

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

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

Initials: \_\_\_\_\_