**Tamkang University Chueh Sheng Memorial Library**

**Book Borrowing Authorization Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I authorize　 | Mr.Mrs. |   | (  | Employee’s ID： Student ID：  | )， |

with my ID and the authorized person's ID，until/in

|  |
| --- |
| * (Y/M/D)
* This semester
* This school year
 |

to borrow books from the library.

|  |
| --- |
| Pleas contact me with any other concerns. |

|  |
| --- |
| Telephone Number： (O) 　　　　　　　　 (H) 　　　　　　　 　 |

To

Chueh Sheng Memorial Library

Authorizer：

Employee’s ID/Student ID：

Date：

* I have read the **Release of Personal Information Agreement** and agree to how my information will be used.

Signed by applicant：＿＿＿＿＿＿＿　　　　　＿＿（y）＿＿（m）＿＿（d）