

University of North Georgia Libraries

Borrowing Privileges Request Form
 Unenrolled UNG Graduate Students/University Affiliates
 (Please print legibly and provide all information requested)

Last Name:	First Name:
900 Number:	
Permanent Street Address:	City, State, Zip Code:
Home Phone:	Mobile Phone:
UNG Email address:	
Unenrolled UNG Graduate Student <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <i>Unenrolled UNG Graduate students must obtain a new form with Department Head/Chair Signature, for each semester in which privileges are needed.</i>	University Affiliate Assignment Begin Date: _____ Assignment End Date: _____
Your Signature:	Date:
Department Name:	Department Head/Chair Name:
Department Head/Chair Signature:	Date:
<i>This form must be forwarded to the UNG Libraries Access Services Department after completion. Patron will be contacted when account is approved.</i>	