

Auraria Library Student Check out Authorization Form

Please allow the following individual to check out materials using my account.

Name: _____

ID Number: _____

Signature: _____

Date: _____

I understand that library materials will be checked out in my name. I accept full responsibility for any lost or damaged items and further understand that I may be held liable to replace the missing item.

Student Name: _____

Student ID Number: _____

Student Signature: _____

Date: _____

Only the authorized individual by presenting a valid photo ID (Auraria or Colorado ID) can pick up materials.