

Holds Pickup Authorization Form

PRINT NAME: _____

I understand the library's policy for protecting the privacy of its users and its responsibility for protecting library materials. I authorize the library to allow the patrons listed below to pick up any items on hold for me at the Abbott Library. These items for loan will be placed on my library card.

I understand that I will need to notify a staff member to cancel this authorization, which I may do at any time.

Below, print the complete names of the authorized persons.

Person who is giving authorization: _____
(Signature)

Persons authorized to pick up materials for the above named person:

(Print Name)

(Print Name)

(Print Name)