

APPLICATION FOR SPECIAL LOAN PRIVILEGES

A. TO BE COMPLETED BY FACULTY SPONSOR.

Please Print Applicant's Name

Last Name _____ First Name _____

Expiration Date for Loan Privileges _____

Faculty Sponsor's Name (printed) _____

Faculty Sponsor's Signature _____

Sponsor Phone : _____ Date : _____

REASON FOR SPECIAL LOAN PRIVILEGES:

B. TO BE COMPLETED BY THE APPLICANT

Name _____ Phone _____

Street Address _____

City, State, Zip _____

E-Mail: _____

Completed form may be delivered in person, mailed, or faxed to:

Criss Library Main Service Desk
6001 Dodge Street
Omaha, NE 68182
Phone (402) 554-3206
Fax (402) 554-3215