Concordia University
Libraries

Request for Library Privileges for Visiting Scholars, Professors and Librarians

Please grant Library Privileges to the following person.
(Privileges are those accorded to graduate students: http://library.concordia.ca/services/users/grad/).

Name: _____

Status: _____

Email: _____

Required from _____ to _____
yy/mm/dd yy/mm/dd

The Department will take full responsibility for any library transactions conducted by the person named above during the prescribed period.

Signature: _____
Dean, or Department Chair

Name: PP. K. MANNING

Title: Asst. to the PRINCIPAL.

Department/Faculty: INSTITUT SIMONE DE BEAUVOIR INSTITUTE

Date: _____
yy/ mm/ dd

Department Seal

INSTITUT Simone de Beauvoir INSTITUTE

The person is asked to present this form duly filled and signed, along with a Concordia ID card (which can be obtained by visiting Human Resources), to the Circulation Desk.

Approved by:		Date:	
LPC card issued on:		Barcode:	