

HOLDS PICKUP LETTER OF AUTHORIZATION



CUSTOMER GRANTING PERMISSION

Must be cardholder for the account bearing the holds. Information below must match information on file.

NAME	LIBRARY BARCODE NUMBER
ADDRESS	CITY & PROVINCE
POSTAL CODE	TELEPHONE
SIGNATURE	DATE

CUSTOMERS AUTHORIZED TO PICK UP HOLD REQUESTS

The above named customer hereby authorizes representatives whose signatures appear below to pick up requested library items being held for the above named individual, until otherwise notified. Any previous authorizations are hereby revoked.

PRINTED NAME	SIGNATURE

CUSTOMER SUBMITTING LETTER AT LIBRARY

Signing customer must be either the customer granting permission, or a customer authorized to pick up hold requests, as listed above.

Sign in the presence of library staff.

NAME: _____

SIGNATURE: _____

DATE: _____

STAFF USE ONLY

- Verified cardholder details
 Verified ID
 Verified Signature
 Updated Record