



### Application for Research Assistant Library Privileges

Name of Research Assistant: \_\_\_\_\_

Email: \_\_\_\_\_

Research Assistant Card Number (only if renewing): 0 2 0 \_\_\_\_\_

**Research Assistant sign below:**

I agree that Research Assistant privileges are to be used only for work assigned by the Faculty Member listed below. I understand that Research Assistant library privileges and cards are not transferable and that their use is subject to library rules and regulations.

I agree to the above: \_\_\_\_\_

Research Assistant Signature

Name of Faculty Member: \_\_\_\_\_

Faculty I.D. Number: \_\_\_\_\_

Extend Privileges Until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date not to exceed 12 months)

Full Privileges

Stacks Access Only

E-resources Only

**Faculty member sign below:**

As a teaching faculty member of Harvard University, I hereby request that the Harvard Library grant Research Assistant privileges to the person named above. I have instructed the person named above that these privileges extend only to her/him and work assigned by me, and are not for personal use. I assume responsibility for all liabilities incurred by the misuse of these privileges including charges for materials lost or not returned when requested by the library. I also understand that all library correspondence related to materials checked out to this Research Assistant card will be sent directly to me.

I agree to the above: \_\_\_\_\_

Faculty Member Signature

To apply for Research Assistant privileges, please submit in person this completed application, \$5.00 (processing fee) and a valid government-issued photo identification to the Library Privileges Office, Widener Library Room 130, Harvard University, Cambridge, MA 02138. Hours of operation are: Monday, Wednesday & Friday: 9AM-5PM, Tuesday and Thursday: 9AM-8PM, and Saturday: Noon-5PM.