Visiting Scholar Request for Library Services

Please return completed form to Ingram Library Circulation Department

Last Name:	First Name:
Home Institution:	Home Institution Department Address:
Local Information:	
Local Address:	Local Phone Number:
2004.7104.000.	
Dates Scholar will be at UWG:	Visiting Scholar's UWG ID #
Visiting Scholar's UWG Email Address:	Visiting Scholar's Email Address if UWG one not assigned:
Hosting Department Name:	Hosting Faculty Member Name:
By signing this agreement, hosting department is agreeing to be fiscally responsible for any	
unpaid charges incurred by the visiting scholar. Also, in order to receive Library services, the	
scholar must present a valid UWG ID card.	
Hosting Department Chair (print name)	Hosting Department Chair (signature)
Hosting Department Dean (print name)	Hosting Department Dean (signature)
UWG Provost (print name)	JWG Provost (signature)

