



Application for Research Assistant Library Privileges

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 below. I have instructed the person named below that these privileges extend only to 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

Name of Research Assistant: _____

Email: _____

Research Assistant I.D. Number (if renewing): _____

Research Assistant sign below:

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

I agree to the above: _____

Research Assistant Signature

To apply for your 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.