

UMW MEDIA LAB RESOURCE CENTER / LANGUAGE LAB
Proxy Form

Instructor's Name: _____

Department: _____ Phone: _____

Email Address: _____

The student listed below is authorized to conduct Media Center / Language Lab transactions on my behalf. I understand that I am responsible for any loss or damage to Media Resource Center materials resulting from this proxy agreement.

Name of Proxy: _____

End Date: _____

Signature: _____

Date Signed: _____