



Research Assistant Registration Form

To assist the library in maintaining accurate records for Faculty Research Assistants, we request that you complete the following form and have it signed by the appropriate Faculty member.

Professor Name: _____

Student Name: _____

SUMMER 20____ FALL 20____ SPRING 20____

(Check all that apply)

Position End Date: _____

The above student is working for me as a Research Assistant and may need to check out material from the library. I understand that any materials borrowed by my Research Assistant are linked to my account and it is my responsibility to ensure that the materials are returned by the due date(s).

Student Research Assistant Status

(Check all that apply)

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Faculty Signature: _____ Date: _____

Please return this form to: Library Main Desk, Law Library