

# LIBRARIES

**Library Privileges Department**

70 Washington Square South

New York, NY 10012

Phone: (212) 998-2550

Fax: (212) 995-4829

## SPONSORED GROUP ACCESS REQUEST FORM

This form must be completed to request access to Bobst Library for any group of visitors or researchers, not otherwise granted access to Bobst Library, who will need to enter the library repeatedly over a period of **up to six weeks**.

Sponsored Access is **nonrenewable**; for entrance to Bobst Library longer than six weeks, the visitors may join the Friends of Bobst Library: [library.nyu.edu/about/friends.html](http://library.nyu.edu/about/friends.html)

This form must be signed by a New York University department **Head, Chair, Director** or **Dean**, or by a **Bobst Library faculty member**.

For access to any collections or resources other than the general stacks, please attach a letter describing access requirements.

By signing this form, the visitors agree to abide by Bobst Library and NYU rules and regulations. The sponsoring department is ultimately responsible for its visitors.

The visitors should present the completed form at the Library Privileges service window, located in the entrance of Bobst Library. The form will be held in the office, and a pass will be issued to each visitor on their first visit to Bobst Library. No borrowing privileges will be granted.

\_\_\_\_\_  
**Name of NYU Sponsor**

\_\_\_\_\_  
**NYU Department and Title of Sponsor**

\_\_\_\_\_  
**NYU Sponsor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Access valid through**

\_\_\_\_\_  
**1) Visitor's Name**

\_\_\_\_\_  
**Institutional Affiliation (if applicable)**

\_\_\_\_\_  
**Visitor's Signature\***

\_\_\_\_\_  
Library Privileges Initial/Date

\_\_\_\_\_  
**2) Visitor's Name**

\_\_\_\_\_  
**Institutional Affiliation (if applicable)**

\_\_\_\_\_  
**Visitor's Signature\***

\_\_\_\_\_  
Library Privileges Initial/Date

\_\_\_\_\_  
**3) Visitor's Name**

\_\_\_\_\_  
**Institutional Affiliation (if applicable)**

\_\_\_\_\_  
**Visitor's Signature\***

\_\_\_\_\_  
Library Privileges Initial/Date

\*To be signed at the Library Privileges office, upon issuance of the pass.

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**4) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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**5) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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**6) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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**7) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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**8) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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Library Privileges Initial/Date

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**9) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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**10) Visitor's Name**

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**Institutional Affiliation (if applicable)**

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**Visitor's Signature\***

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Library Privileges Initial/Date

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