

**Cleveland-Marshall Law Library
Cleveland State University**

**FACULTY RESEARCH ASSISTANT FORM
University Students**

DATE: _____

FACULTY
MEMBER: _____

Please list below the names and addresses of each student who will be a research assistant for you this semester:

With this, I permit the above-listed, my research/graduate assistant(s) or staff member(s), to charge out Law Library materials in my name. I understand that I am responsible for all such materials. This permission will extend until the expiration date noted below.

SIGNED, _____

EXPIRATION DATE: _____

Privileges will be granted upon receipt of this completed form by the Public Services Department. Please return this form to Leslie A. Pardo, Law Library, LL 113. If you have any questions, please contact Leslie A. Pardo, Circulation and Faculty Services Librarian at 687-6885.