

Peabody Library  
Vanderbilt University

REQUEST FOR AUTHORIZATION TO BORROW TESTS

Date of Request: \_\_\_\_\_

Requestors Name: \_\_\_\_\_

VU Status: (circle one)                      Faculty                      Graduate Student

State of Tennessee Psychologist/Psychiatrist License No.: \_\_\_\_\_  
(Required for Non-Peabody Faculty)

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PEABODY LIBRARY STAFF USE ONLY

Date request received: \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_

Request granted:    Yes \_\_\_\_\_    No \_\_\_\_\_