

NCSU Libraries  
Late Hour Restricted Access Exception Form

Patron Information: Date: \_\_\_\_\_

Name: \_\_\_\_\_ Borrower ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please explain research need requiring access to the library during restricted hours:

For how many days are you requesting special access? \_\_\_\_\_

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Staff Use Only

Decision: Grant Exception (Dates) \_\_\_\_\_

Decline (Comments):

Signature: \_\_\_\_\_