

University of Minnesota Libraries – Twin Cities
**Application for Borrowing Privileges
 Special Borrowers**

| |
|---|
| Library Card No.: _____ |
| Date Created/Renewed: _____ Date Expires: _____ |
| Created by: _____ |

Borrowing privileges may be obtained if a member of one of the following categories. **Required documentation must be provided to receive privileges.**

Please Check One

| | |
|--------------------------|--|
| <input type="checkbox"/> | Faculty of accredited institutions of higher education. <u>Required Documentation:</u> Copy of appointment letter or contract for the current academic year. |
| <input type="checkbox"/> | Graduate Students of accredited institutions that are NOT members of MINITEX or CLIC networks <u>Required Documentation:</u> Copy of fee statement or course registration for the current academic term. |
| <input type="checkbox"/> | Government Agencies located in the state of Minnesota (one per location) |

Individual Borrowers - PLEASE PRINT LEGIBLY

| | | | | |
|----------------|-------|------------|-------|------|
| Last Name | | First Name | | M.I. |
| Street Address | | | | |
| City | State | Zip | Phone | |
| Email Address | | | | |

Government Agencies - PLEASE PRINT LEGIBLY

| | | | | |
|--|-------|------------|-------|------|
| Agency Name | | | | |
| Street Address | | | | |
| City | State | Zip | Phone | |
| Agency Cardholder: A cardholder shall be appointed for the organization. This individual will be responsible for making the card accessible to employees and will serve as a library contact regarding overdue fees and unreturned materials. | | | | |
| Last Name | | First Name | | M.I. |
| Email Address | | | | |

Statement of Agreement

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|---|------|
| I agree to observe the University of Minnesota Libraries' regulations and to return or renew all items on or before the due date or to return them immediately if recalled by the Libraries. Failure to do so will result in my being billed for library fines and lost books and may cause my borrowing privileges to be blocked or revoked. Legal action may be taken for unreturned materials. | |
| I agree not to make library materials (books or photocopies) or electronic databases available to third parties through direct resale, without written permission from the University Librarian. Doing so will result in immediate revocation of borrowing privileges. | |
| Cardholder Signature | |
| Name (Printed) | Date |
| Signature of Owner, President or Director of Agency (Government Agency Borrowers Only) | |
| Name (Printed) | Date |

Return completed application to: *Borrowing Privileges & Fines, 110 Wilson Library, 309 19th Avenue South, Minneapolis, MN 55455 or Fax to 612-626-8968. Questions may be directed to the Borrowing Privileges and Fines at 612-624-3383.*