

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

No.: _____
Date Created: _____ 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"/>	<b>Faculty</b> of accredited institutions of higher education. <u>Required Documentation:</u> Copy of appointment letter or contract for the current academic year.
<input type="checkbox"/>	<b>Graduate Students</b> 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"/>	<b>Government Agencies</b> 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	
<b>Agency Cardholder:</b> 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**

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 <b>Owner, President or Director of Agency</b> (Government Agency Borrowers Only)	
Name (Printed)	Date

**Return completed application to:** *Borrowing Privileges & Fines, 110 Wilson Library, 309 19<sup>th</sup> Avenue South, Minneapolis, MN 55455 or Fax to 612.626.8968. Questions may be directed to Matt Bowers, Department Head at 612.626.8635.*