

## **Reciprocal On-Site Borrowing Authorization Form**

This letter is to verify the patron listed below is in good standing and to request courtesy borrowing privileges be granted in accordance with the PALCI Reciprocal Borrowing Responsibilities.

Date:		
To Staff at		(PALCI Member Library):
Name (print)		
Check one: $\Box$ Faculty $\Box$	Student 🛛 Staff	
Library ID Number		
ID Expiration Date		
Email Address		
Phone Number		
Our library agrees to accept final responsibility for materials should our patron not return them as required.		
Requesting Library		
Authorizing Staff Name (print)		
Phone Number	Email Address	
For more info: Visit <u>palci.org &gt; What We Do &gt; Reciprocal On-Site Borrowing</u>		