

ACL Reciprocal Borrowing Program Library Participation Agreement Form

Contact Information for Designated Library Representative

Name and Title

Library and/or Institution Name

Address

Address

Email

Phone

To be filled out by Library Director:

Institution and/or Library Name

Signature

Date

Printed Name

Title

By submitting this Library Participation Agreement Form, the Director agrees that the library will abide by the guidelines established for the ACL Reciprocal Borrowing Program. Program Policies and Procedures available at www.acl.org/RBP.

Please return this form to info@acl.org