ACL RECIPROCAL BORROWING PROGRAM
Library Participation Agreement Form

Contact Information for Designated Library Representative

_____________________________________________________
Name and Title

_____________________________________________________
Library and/or Institution Name

____________________________________
Address

____________________________________
Address

________________________________________
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 is able and willing to provide access to their physical library collection to authorized patrons from participating ACL institutions and 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