

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 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