

Subject: Institutional Library Cards

Purpose:

To provide public library resources to institutions, such as schools, assisted living facilities, and day care facilities.

Policy:

Institutions may obtain a library card by completing an institutional application and providing the names of individuals authorized to use the card. A card may be issued to individual classes, but the application must be signed by the principal or director. The card will be updated annually and the names of the authorized users verified. The card may not be used by staff for personal use. Materials may be checked out for an eight week period and may not be renewed. There will be no overdue fines on the items, but the institution will be responsible for any lost or damaged items. Institutions must follow the current limits set for various formats, such as new books or DVDs. The library card and application will be filed at the issuing library.

Privileges may be revoked if the institutional card is abused in any manner. Abuses may include but are not limited to personal use of the institutional card, failure to pay for a lost or damaged item, and failure to return items on time.

Attachments:

- Institutional Library Card Application

References:

- None

Approval:

Montgomery-Floyd Regional Library Board of Trustees
December 13, 2006; revised December 13, 2011; revised April 18, 2018



April 18, 2018

Date

Alison Armstrong, Chair



Institutional Library Card Application

Staff Initials _____

Name of Institution _____

Address _____

City/State/Zip _____

Telephone Number _____

Name/Title of Director _____

Name/Title other authorized borrowers

1. _____ 2. _____ 3. _____

As the official representative of this organization, I authorize any of the above to borrow library material for the use of the institution's population. The institution accepts full responsibility for all materials borrowed on the card. I understand we will not be charged fines for overdue material but will be charged for materials lost and damaged.

Signature _____ Title _____

Date _____



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Staff Initials _____

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