Academic Libraries of Indiana
Borrower's Card

Name: __________________________
Address: ________________________
Phone: __________________________
Email: __________________________

**Circle one: Student Faculty Staff**

By using this card, I understand that the ALI Reciprocal Borrowing Program is a privilege and agree to observe the library use regulations of the lending library and to return materials within the loan period granted. I will pay any and all fines or other fees incurred.

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