Affiliated Borrower Application
Albert S. Cook Library
Circulation Department

Information Sheet for TU Liaison

The library allows for departments within the university to request special borrowing privileges for persons affiliated with their department either remotely or on a temporary basis. Paula Langley (contact information below) is the Circulation Department Supervisor; all inquires or correspondence should be directed to her attention. In order to facilitate registering such patrons at the library, please ensure that each patron provides the requested information on the Special Borrowers Registration form, (p.3).

A current TU employee should send the attached form, Affiliated Borrower Request (e-mail, fax, or in person) to initiate the request for affiliated borrowing privileges.

Once the library receives your application and the borrower has completed the Special Borrowers Registration form, they will be entered in the library’s database and receive a library card with a 14-digit library number. The patron may pick up the library card at the Circulation desk, or request to have it mailed to the affiliated department or patron’s home address.

Albert S. Cook Library
8000 York Road
TOWSON, MD 21252

Phone: 410-704-3442
Fax: 410-704-3760
E-mail: plangley@towson.edu
AFFLIATED BORROWER REQUEST

Only current TU employees should complete this form.

Please submit this form via email (plangley@towson.edu); fax 410.704.3760; or in-person at the Circulation Desk.

Date: __________________________

Department: ____________________________________________________________

Campus Address:
Bldg / Room #: ______________________ Phone: __________________________

Sponsor / TU Representative: ____________________________________________

Email Address: __________________________________________________________

Project / Reason for requesting library privileges:
____________________________________________________________________
____________________________________________________________________

Duration: __________________________________________________________________

Will this person need to conduct library research off campus?
Yes ________ No ________

Name of Affiliate: ______________________ Phone: __________________________

E-mail Address: __________________________________________________________

As an affiliated member of Towson University, the individual will receive a library card and will be solely responsible for all materials borrowed and for any fees incurred when materials charged to the library account are lost, damaged or returned late.
SPECIAL BORROWERS REGISTRATION

PLEASE PRINT CLEARLY

NAME: __________________________________________________________________________

(Last) (First) (Middle initial)

DATE: _________________________

Barcode: _________________________

Social Security #: _________________________ University ID #: _________________________

Email Address: _________________________

LOCAL ADDRESS:

STREET: _______________________________________________________________________

CITY: ___________ STATE: ___________ ZIP: ___________

LOCAL PHONE _________________________

PERMANENT ADDRESS:

STREET: _______________________________________________________________________

CITY: ___________ STATE: ___________ ZIP: ___________

PHONE: _________________________

Please Read and Sign: As a condition for receiving borrowing privileges, I hereby agree to obey all rules and regulations of the ALBERT S. COOK LIBRARY. I will be responsible for all materials borrowed and for any charges made when materials charged to my library account are lost, damaged or returned late. I understand that I must report the loss or theft of my ID immediately as well as any change in my address.

Signature: _________________________

ALL PATRONS RECEIVE A 28 DAY LOAN PERIOD

Justification/Authorization for borrowing privilege:

Staff Initials & Date _________________________