

**BOSTON LIBRARY CONSORTIUM
CONSORTIUM CARD PROGRAM APPLICATION**

NAME:

Last First M.I.

LOCAL ADDRESS:

Street Address Apt. Number

City State Zip

Day Telephone Evening Telephone

E-mail

STATUS (CIRCLE ONE): Faculty Graduate Staff Undergraduate Other

If student, expected date of graduation: _____

If adjunct faculty member, please indicate last day of contract: _____

I understand that I will need to register at each Boston Library Consortium (BLC) library from which I wish to borrow materials. In addition, I understand that the lending library may set a shorter expiration date than the one appearing on my card.

I realize that borrowing privileges and expiration dates vary at each member institution and that I am responsible for any charges that I may accrue. Any charges incurred by Tisch Library will be added to my Tisch Library account and are my responsibility. Failure to abide by lending library rules may result in a loss of library privileges at all Consortium libraries. CONSORTIUM CARDS ARE NON-TRANSFERABLE.

I have read the above statement and agree to abide by the rules of the Consortium as well as the selected lending library.

(Signature) (Date)

FOR STAFF USE ONLY:

Card Application denied ____ (if applicable) Date and reason for denial: _____

Date Issued: _____ Issued By: _____

Expiration Date: 1 _____ 2 _____ 3 _____ 4 _____

Consortium Card Code: Letter E Number _____