

Library Resource Lending Policy

I, _____, agree to return any library material(s) that has been checked out in my name within 30 days. If I am not able to return the material(s) for any reason, I will be responsible for contacting Illinois Deaf and Hard of Hearing Commission before the 30 day due date is up to make further arrangements. I understand that my name will be listed on the IDHHC website if material(s) are not returned within 60 days without any agreed arrangements. I also understand that I will not be allowed to borrow any more materials until all the materials have been returned to IDHHC.

I will be responsible for any lost or damaged material(s) lent to me from the IDHHC library and pay for the replacement cost. If I do not oblige, my name will be listed on the IDHHC website with the cost of the outstanding debt.

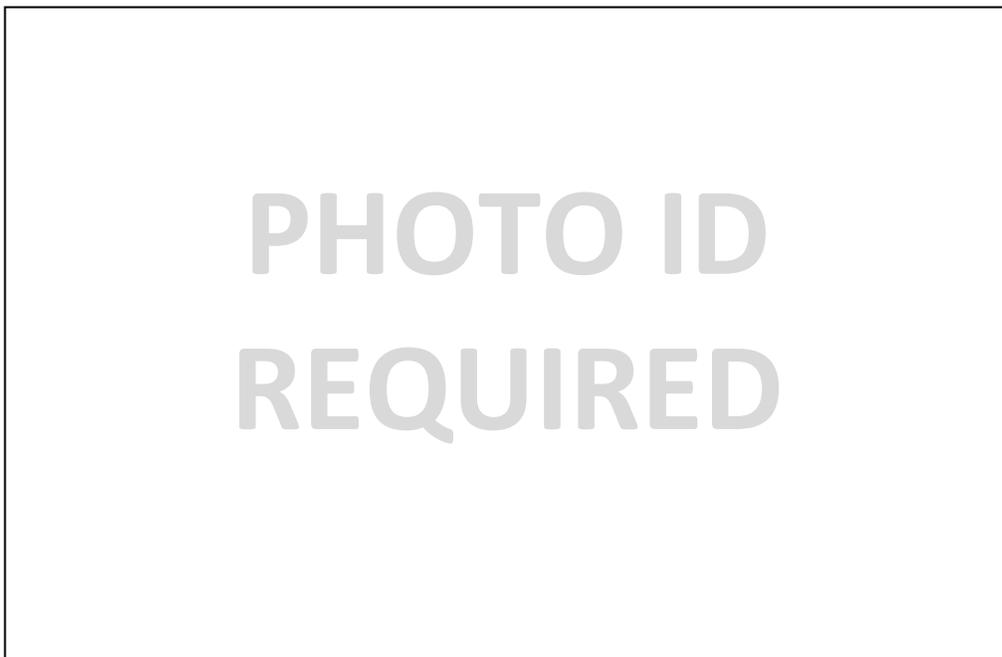
I understand a copy of my driver's license needs to be made on this form below.

(Signature of Borrower)

(Date)

(Signature of IDHHC Staff)

(Date)



Library Check Out/In Information



Date: _____

Name: _____ *(Print Clearly)*

Address: _____

Phone: _____

Email: _____

Book/Video

Title

BarCode #

Color Code

*In Office Only/
Returned Items*
