

**ROCHESTER REGIONAL LIBRARY COUNCIL  
ACCESS CARD PROGRAM  
STATEMENT OF BORROWER'S RESPONSIBILITY**

**RRLC Access Program Rules**

1. Each RRLC Access Card is non-transferable and can only be used by the person to whom it was issued.
2. Use of the RRLC Access Card is subject to the rules of each participating library.
3. Materials lost or damaged must be replaced by the person whose signature appears on the card.
4. Overdue fines are payable to the lending library by the person whose signature appears on the card.
5. The card does not give automatic entrance to participating libraries. Borrowers must check hours and requirements for appointments of participating libraries.
6. Cards are valid for a maximum of one year, from July 1 to June 30, with no automatic renewals.

I have read and understand the rules and regulations governing the use of the RRLC Access Card. I further acknowledge that failure to return borrowed material or pay fines owed the lending library will result in the permanent loss of RRLC Access Card privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Library \_\_\_\_\_

**ROCHESTER REGIONAL LIBRARY COUNCIL  
RRLC ACCESS CARD BORROWER APPLICATION**

- The RRLC Access Card Program is a cooperative effort of area libraries to aid research by graduate students, faculty members and professionals in our community.
- RRLC Access Cards are issued to applicants only when research materials in the applicant's own library cannot satisfy research needs.
- Each application will be judged on the basis of demonstrated need and adequacy of our library's collections to satisfy the researcher's needs.
- The RRLC Access Card is a borrower's card only and does not entitle the holder to library services other than circulation services.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

graduate student     faculty member     researcher or professional staff

Department/Graduate Program/Place of Employment \_\_\_\_\_

Home address \_\_\_\_\_

Library ID or other identifying number \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Graduate Students, check status:

Matriculated     Non-matriculated     Full-time     Part-time

What research project are you engaged in for which our resources are insufficient?

\_\_\_\_\_

Duration of research project \_\_\_\_\_

Librarian's Name \_\_\_\_\_

Approved: Card Number Issued \_\_\_\_\_

Denied

Comments: