



**Department of Alcohol & Drug Programs
Resource Center Lending Services**

Staff Loan Agreement

Please print, fill out completely and return to the Resource Center Lending Services.

Name: _____
Last First Middle Initial

Supervisor: _____
Last First Middle Initial

Division Name: _____

Cubicle Number: _____

Telephone Number: (____) _____ Fax: (____) _____

E-mail Address: _____

Please Read and Sign:

I agree to abide by the Lending Services rules & policies, to pay all charges for any lost or damaged library materials accumulated on this card and to notify the Resource Center of any change of employment or loss of card. I understand I am responsible for all materials checked out on this card. Should I fail to return materials and/or promptly pay any charges incurred, I understand my loaning privileges will be suspended and my wages may be garnished for the replacement cost of the materials.

Signature of Applicant Job Title Date

Signature of Supervisor Job Title Date

For RC Lending Use Only!

Patron Number Issued: _____

Requestor Type: _____

Date: _____

Issued by: _____