Institution Patron Profile procedures for Athens Regional Libraries

The Athens Regional Library System will follow PINES guidelines for the Institution Patron Profile. This profile is designed to give access to library materials for residents or clients of residential correctional facilities, nursing homes, life-care and rehabilitation facilities, adult day-care centers and special education facilities located within the 5 counties comprising the Athens Regional Library’s service area. Applicants from other institutions serving a long-term daily population will be reviewed on a case-by-case basis.

Applications for a card using the Institution Patron Profile must be signed by the Director of the agency. The Director must agree that the organization is responsible for any lost or damaged materials, which will be charged to the account according to regular library procedures.

Privilege limit is 1 year. The user will be blocked if a total of $10 or more is owed. User is not billed overdue charges, but is billed for Lost, Damaged, and Long Overdue items. User may have up to 50 holds at one time. Circulation period is 42 days with no renewals. The Institution will retain possession of the library card. The branch issuing the Institution card will keep the application on file. Institutions must reapply for this card annually. All other library policies apply to the Institutional card.
INSTITUTION REGISTRATION

(Please Print)

Name of Institution:
______________________________________________________________________________

Name of Director:
___________________________________________________________________

Any holder of this card has checkout privileges for this institution.

Date of Establishment: ________________________________________________

E-mail Address: _________________________________________________________
Would you like to receive periodic electronic library newsletters?    YES    NO

Phone:  Daytime _________________________________________________________
Evening _________________________ Other/Cell _____________________________

Mailing Address:
Street _______________________________________________________________
City____________ County _____________ State _______ Zip Code ____________

I apply for the right of my organization to use the Library, agree to comply with all its rules and regulations, and to give immediate notice of any change of address.

I accept financial responsibility for damage to library materials beyond normal wear and tear, and I agree to pay the current replacement cost for any materials which are lost or damaged beyond use while checked out on the institution’s card. According to O.C.G.A. 20-5-53 (2007) failure to return items borrowed from a public library is considered a misdemeanor.

I understand that I must reapply annually for this Institutional card.

Signature: ____________________________________________________________

STAFF USE: Barcode #________________________________________________