

**APPLICATION FOR LOAN AND REFERENCE SERVICES FROM THE STATE
LIBRARY OF LOUISIANA**

Date: _____

Agency/Institution Name: _____

Mailing Address: _____

City

State

Zip

Physical Address: _____

Street

City

State

Zip

Telephone: () _____ **Fax:** () _____
Area Code **Ext.** **Area Code**

Librarian: _____

Library Supervisor _____

I understand that the Library is responsible for returning materials within the loan period granted, and that the Library is liable for the cost of replacing lost or damaged materials that were borrowed from the State Library of Louisiana. The undersigned certifies that the library is in compliance with the requirements for loan and referral services from the State Library of Louisiana.

Chief Executive Officer: _____

Name

Title

Signature

Mail to:
User Services
State Library of Louisiana
P.O. Box 131
Baton Rouge LA 70821