



## Book Loan Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Loaned: \_\_\_\_\_ Date to be returned: \_\_\_\_\_

Title	Author	ISBN	TLC Book #	Notes

**I agree:** By signing below, I acknowledge that I have received the following books. I will return the book(s) to the TLC department on the above reference date. I realize that I am totally liable for these book(s), and I will cover any cost for damages while they are in my possession.

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

TLC Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please also provide a copy of your photo identification (ex: driver's license, CUNY photo id, etc.) with this form.