



APPLICATION FOR SPECIAL BORROWING PRIVILEGE: UNIVERSITY OF MN LAW LIBRARY



Name (please **print legibly**): _____

Address (with zip code): _____

Daytime Phone: () _____ Evening Phone: () _____

E-mail _____

For Current Members of the Minnesota Bar:
<i>You must present your attorney license or copy at time of application.</i>
Name at time of admission (if different than above): _____
Attorney registration number: _____
Expiration date: _____ (A-E – Jan. 1; F-K – April 1; L-P – July 1; Q-Z - Oct. 1)

For Current Law Students:
<i>You must present your student ID or copy at time of application.</i>
_____ William Mitchell College of Law
_____ Hamline Law School
_____ St. Thomas Law School
Student ID number: _____
Expected graduation date: _____

Your borrower's card will be kept on file at the Circulation desk. Please present a photo ID when checking out materials. Loan policies and borrower responsibilities are defined in the University of Minnesota Law Library Guide. (Available at the circulation desk)

I agree to observe the University of Minnesota Law Library's borrowing regulations.

Signature: _____ Date: _____

CIRCULATION STUDENTS AND FULL TIME STAFF:

- Before allowing the patron to leave the desk, check that you have:
 - ___ included item slips for **all materials** checked out
 - ___ checked the form for legibility
 - ___ confirmed that **attorneys** are authorized to practice (either verifying their attorney license expiration date or, if they don't have their attorney license, by looking them up on www.courts.state.mn.us/mars/)
 - ___ for attorneys: include a copy of their current attorney license or printout from website
 - ___ for students: include a copy of their student ID (make sure it says **LAW STUDENT**)
- Item slips must be stapled to this form for **every book** borrowed. **Ask full time staff for help** if you do not know how to print an item slip.
- You **must sign and date** this form below before putting in the vertical file. Unsigned forms are not acceptable.

STUDENT or FULL TIME STAFF MEMBER who completed this form:
 _____ Date: _____

Patron record added to ALEPH by: _____ Date: _____