

Alaska Libraries Reciprocal Borrowing Program Participation Form

Name of Library _____

Mailing Address _____

City, State ZIP _____

Contact Name _____

Email _____ Phone _____

Name of Library Director _____

The Library ***understands and agrees*** to follow the conditions set forth in the Reciprocal Borrowers Program

Authorized Signature _____

Date _____



Send completed form to:
Patience Frederiksen

By Mail: Alaska State Library
344 W. 3rd Ave. Suite 125
Anchorage, Alaska 99501

By Fax: (907)269-6580