Application for Institutional Borrower’s Privileges

Who Should Use This Form for Checkout Privileges

Members of an Iowa law firm or legal departments who wish to establish borrowing privileges for their institution may complete this form to request Law Library checkout privileges. Note:

- Members of the Iowa bar and Drake alumni in good standing who wish to establish individual borrowing privileges should complete the application for individual checkout privileges, rather than the application for institutional checkout privileges.
- The form must designate a responsible party who, along with the organization, will be responsible for all use of this account including lost, overdue, or damaged material borrowed from the Drake Law Library.
- Other Iowa-based legal organizations may be given institutional borrowing privileges with the permission of the library director; complete this form to initiate that request.

How to Submit This Form

Please complete this form and submit it one of the following ways:

- In person at the Law Library Information Desk. You will also need to present the responsible party’s current photo ID and organization business card.
- As an email attachment. Also include a photocopy of the responsible party’s current official ID (e.g., a driver’s license) and organization business card and send to law-circulation@drake.edu. Allow one business day for processing.
- As a fax. Also include a photocopy of the responsible party’s current official ID (e.g., a driver’s license) and organization business card and send to 515-271-2530, attention Law Library Circulation. Allow one business day for processing

If you have any questions, please call (515) 271-3189.
Drake University Law Library
Opperman Hall 2621 Carpenter Ave. Des Moines, IA 50311

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Please print.

Name of Business: __________________________________________
Indicate institution type below:

☐ Law Firm ☐ Legal Department ☐ Other (Describe below; requires permission of director.)

______________________________________________________________

Business Address:____________________________________________
City________________________ State________ Zip________ Phone________________

Person Making Application:

Name:________________________________________________________________

Title:________________________________________________________________

Signature: __________________________________________________________

E-mail address: ______________________________________________________

The institution establishing borrowing privileges and the responsible party designated below accept financial responsibility for materials borrowed on this card. Financial responsibility includes payment for repairs or replacement of lost or damaged materials.

Individual responsible for use of this card (if different from above):

Name:________________________________________________________________

Title:________________________________________________________________

E-mail Address: ______________________________________________________

LIBRARY USE ONLY:
Check box to indicate identity verified with ID ☐

Bar Code___________________________________________________________ Issued________
Rev. 02-12