Library Privileges Request Form
Tennessee K-12 Teachers

This form is to be completed by the individual teacher and submitted to the Walker Library Circulation Desk.

Last Name: ________________________________ First: ________________________________
Address: _______________________________________________________________________
Email: ________________________________ Phone(s): ________________________________
School Affiliation: _______________________________________________________________________

The requested privileges become the basis of an agreement between Walker Library and the requesting teacher. Regular borrowing privileges for materials apply.

I understand that I bear the same responsibility for the use and return of any materials I may access or borrow. I understand that any unfulfilled obligations pertaining to my use of library facilities and fines for overdue books will be regarded and pursued in the same manner as for non-MTSU affiliated patrons. I further understand that any conditions pertaining to my library usage that render me not in good standing with library policies will result in a hold being placed on my library account that will prevent my being able to check out library materials until those obligations have been satisfied.

I agree to abide by all the requirements, regulations, and policies pertaining to the normal and regular use of library facilities and services.

Signature: ________________________________ Date: ________________________________