

AUTHORIZED BORROWER APPLICATION [rev. 3/2010]

TO: Circulation Supervisor, Northern Illinois University, David C. Shapiro Memorial  
Law Library, DeKalb, IL 60115-2890. Phone: 815-753-0507 FAX: 815-753-9499

I am an attorney licensed in the State of Illinois. I request borrowing privileges for materials that regularly circulate from the David C. Shapiro Memorial Law Library.

My name is: \_\_\_\_\_.

The name of my firm or company is: \_\_\_\_\_.

My business address is: \_\_\_\_\_

\_\_\_\_\_.

My business telephone number is: \_\_\_\_\_.

My business or home fax number is: \_\_\_\_\_.

My home address is: \_\_\_\_\_

\_\_\_\_\_.

My email address is: \_\_\_\_\_.

My home or cell phone number is: \_\_\_\_\_.

My Taxpayer Identification Number (FEIN for a business or Social Security Number for individuals) is:

\_\_\_\_\_.

[A T.I.N. is required by university regulation for each company or person with whom the university "does business." The Law Library has no authority to waive this requirement.]

I agree to pay the library the authorized borrower fee of \$100 per year (This fee is waived for attorneys in the offices of State's Attorney or Public Defender). I further agree to be financially responsible for all materials that I have charged out. I understand that fines for materials not returned by the due date will be assessed at the rates listed in the Law Library's fines policy posted at its website, <http://law.niu.edu>. I also understand that all policies and procedures posted at the Law Library's website apply to my use of the Law Library and that borrowing privileges may be revoked if I fail to return materials or pay any assessed fines in a timely manner. I agree to notify the Law Library of any change in the information that I have provided.

\_\_\_\_\_  
Signature of Applicant