Notice:

Please mail or fax the following two forms to:

Necia Wolff
Distance Learning Librarian
Louis J. Blume Library
St. Mary's University
One Camino Santa Maria
San Antonio, TX 78228
Fax: (210) 436-3782

Your TexShare Card will be mailed to you within 1 business day upon receipt of the following two forms.

The mail-in/fax service is only available to students in off-campus courses. Students taking classes on campus may apply for a TexShare card at the Blume Library circulation desk.
Responsibilities of Borrowers Using the TexShare Card

Eligible faculty, students and staff will:

A. Obtain and sign the TexShare Card which constitutes the agreement specifying the privileges and obligations associated with participation in the program and agree to comply with the terms and conditions of participation set out in the borrower's agreement.

B. Present university identification as required by this agreement and the lending library.

C. Observe the regulations of the lending library.

D. Return materials in person or by first class, insured mail within the loan period prescribed the lending library.

E. Return materials immediately in person or by a form of priority mail if recalled by the lending library.

F. Pay fines or any other charges assessed by the lending library, including but not limited to charges incurred as the result of late return, damage, or loss of materials.

G. Surrender the TexShare Card to TexShare library staff if requested.

I agree to follow these regulations.

_____________________________  _________________________
NAME (PLEASE PRINT)            UNIV. ID#

__________________________  _________________
SIGNATURE                  DATE

__________________________
ISSUED BY
Addendum to the TexShare Borrowers Form

Students are asked to fill out this form when submitting the TexShare Borrowers Form. The information in this form will help the Blume Library expedite the application process. Thank you for your assistance.

Name: ________________________________

Street Address: ____________________________

City, State, and Zip Code: _______________________

Daytime Phone: ____________________________

Email (if available): __________________________

Course Title: ______________________________

Course Number: ____________________________

Campus: _____________________________________

Instructor’s Name: __________________________