PORTERVILLE COLLEGE

Porterville College Library

Lending Library Contract

Name:_____ Student ID: @_____
Last First M.I.

Address: _____
Street City Zip

Phone: _____ Email: _____

Semester: _____

ITEM(s) CHECKED OUT:

1. _____
Book Title/Item Copy Number ISBN Value

2. _____
Book Title/Item Copy Number ISBN Value

3. _____
Book Title/Item Copy Number ISBN Value

4. _____
Book Title/Item Copy Number ISBN Value

Total Value: _____

I acknowledge the receipt of the item(s) listed above and agree to the following conditions:
(Each of the following must be initialed)

1. _____ This item(s) remains the property of Porterville College Library. Registration hold will be placed on my student account if item(s) is not returned.
2. _____ I will be responsible for any loss or damage to this item(s) while it is checked out to me (including but not limited to writing, highlighting, stickers, missing pages, ripped or missing cover, broken, water damage, missing cords for calculator, strong odors, etc.).
3. _____ I am responsible for returning the item(s) by the end of the current semester or if I drop, withdraw from or stop attending the class.
4. _____ If item(s) are not returned to the Porterville College Library by the end of the current academic semester, I will not be eligible to check out another item(s) until the following academic semester.
5. _____ In the event of loss of the item(s), I will immediately notify Porterville College Library.
6. _____ In the event the item(s) sustains damage I will immediately return it to Porterville College Library. I will not attempt to repair the item myself.
7. _____ Failure to return the item(s) upon request will result in withholding grades and/or transcripts, which are controlled by Porterville College.
8. _____ Failure to return the item(s) upon request may also affect admission/re-admission to Porterville College.
9. _____ Failure to return the item(s) upon request will result in a fee(s) assessed to my student account to replace the item(s).
10. _____ Failure to comply with the above conditions may result in the termination of this service.

I have read, understand, and agree to the above conditions.

_____ _____
Student Signature Date

_____ _____
PC Library Staff Signature Date

Check Out Date	**Due Date**	Check In Date	PC Library Staff Initial
1.		Last day of the semester	
2.		Last day of the semester	
3.		Last day of the semester	
4.		Last day of the semester	

100 E. College Ave., Porterville, CA 93257 • PC Library
(559) 791- 2318 • https://www.portervillecollege.edu/about- pc/library
PC Library will be closed after the last day of the semester. All items must be returned on the last day of the semester.
Quantities are limited. Items are available on a first come, first served basis.