

Consortium of Academic & Research Libraries in Illinois
ILLINET Library Borrower ID
New Library/Change of Information Form

Add Delete Change

Library System _____ ILDS Route _____ Borrower ID _____

Library Type Academic Public School Special

Library Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email*: _____

* ILL email address that can be used to receive overdue or other notices from the I-Share libraries. CARLI would prefer that the email address be a department or library address rather than a personal email address (for record maintenance purposes), but we will accept any email address that the library is willing to provide for receipt of patron notices from an I-Share library.

Contact Librarian:

Dr. Mr. Mrs. Ms. _____

First Name

Last Name

Title: _____

Return to:

CARLI Office
100 Trade Centre Drive, Suite 303
Champaign IL 61820-7233
FAX: 217-244-7596