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

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