

Screven-Jenkins Regional Library System Electronic Device Borrowing Agreement

All patrons checking out electronic device are required to agree to and initial the following:

1. ____ Work must be saved to user's flash drive or online storage account. Any data saved to the hard drive will be deleted upon check-in of the electronic device. Flash drives are available for purchase at the circulation desk.
2. ____ No software may be installed on the electronic device. Software may not be copied from the electronic device or modified.
3. ____ The electronic device **must be returned to the Circulation Desk of the Screven County Library or Jenkins County Memorial Library** by the agreed upon check-in time. It may not be returned through the book drop, nor through any other library but the Screven County Library or Jenkins County Memorial Library.
4. ____ Standard checkout is for seven (7) days, and can be renewed two (2) times. Fines for overdue items are \$3.00 per day.
5. ____ Borrower is responsible for the electronic device and any accessories checked out. Any damages to the electronic device or accessories will result in the borrower being charged for cost of replacement.
6. ____ Borrower will be charged for all replacement costs if the electronic device and accessories are not returned.

I agree that the Screven-Jenkins Regional Library System shall not have any responsibility or liability for any claims relating to the use or functioning of the hardware or software included with the borrowed electronic device and accessories, including any personal information left on the electronic device.

I understand that upon return, any data saved to the hard drive will be erased.

I understand that the Library cannot guarantee the security or reliability of its public wireless network.

I agree to all terms and conditions listed in the **Screven-Jenkins Regional Library System Electronic Device Borrowing Agreement** and **Internet Acceptable Use Policy** (available upon request).

Furthermore, I understand and agree that failure to follow all written guidelines of this program may result in fees and/or loss of privileges.

Print Full Name: _____

Library Card Number: _____ Device Barcode Number: _____

Address (City, State, Zip): _____

Phone Number: _____ [] Home [] Cell

Email Address: _____

Are you a student? [] Not a student [] I'm in ____ Grade [] I'm a college student [] Other

Signed: _____

Date: _____

Staff Use Only: This device ___is or ___ is not an IMLS Chromebook grant laptop