

**TEXAS LIBRARY SYSTEM MEMBERSHIP
ACADEMIC LIBRARY APPLICATION
SFY 2011**

INSTITUTION AND LIBRARY INFORMATION

Name of Institution:		
Current address:		
City:	State:	ZIP Code:
Name of Library:		
Current address:		
City:	State:	ZIP Code:
Web Address:	Is institution currently accredited?	
If yes, what is reaffirmation date?	Is more than one campus/library applying?	

CONTACT INFORMATION FOR LIBRARY DIRECTOR/DEAN

Name:	Position:	
Phone:	E-mail:	Fax:

SIGNATURE

I authorize the verification of the information provided on this form. To the best of my knowledge and belief, data on this application is true and correct. The applicant will comply with the Texas Library Systems Act rules and regulations, as well as the by-laws of the applicable system.

Signature of Director/Dean:	Date:
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The following must be submitted, along with the application:

1. Accrediting Agency written documentation of accreditation. Accrediting agency must be recognized by the Texas Higher Education Coordinating Board.