

**Exceptional Family Member Program
Library Agreement**

Name: _____
Sponsor's SSN: _____ Rank of Sponsor: _____
Branch/Unit: _____ PHONE: _____

I understand the book(s)/video(s)/cassette(s) described below is a temporary loan from the Exceptional Family Member Program, Parris Island, SC. I understand the book(s)/video(s)/cassette(s) must be returned in the same condition as it was when checked out. I agree that any damages will be accrued at my expense before returning.

EQUIPMENT DESCRIPTION:

Item: _____ Serial Number: _____
Condition: _____ Accessories: _____
Date: _____ Due Date: _____

Signature of Borrower

EFMP Representative

Date Returned

Received By

Item: _____ Serial Number: _____
Condition: _____ Accessories: _____
Date: _____ Due Date: _____

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EFMP Representative

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