ARIHSL Letter of Intent

I___________________________ (NAME), as a representative of
___________________________________________________________ (Institution) have read the
Interlibrary Loan Code for the United States established by the American Library Association and
accepted by the Association of Rhode Island Health Sciences Libraries (ARIHSL). I will inform interlibrary
loan personnel about the INTERLIBRARY LOAN CODE. I agree to monitor the performance of interlibrary
lending and borrowing in this library to ensure that it complies with these provisions. I agree to
annually update my holdings in the shared databases (such as OCLC, SERHOLDS, and/or HELIN) which my
institution is a member.”

This agreement remains in effect from January 1, 2017 through December 31, 2017

___________________________ (Date)
______________________________ (Signature)
___________________________________________________________ (Title)