



Lending Library Checkout Form

Date: _____

Full Name: _____

Address: _____

Phone #: _____

Bar #: _____

Book(s) Requested:

1. _____

2. _____

Please return this form along with a \$5.00 check made payable to South Carolina Bar to the following address:

Lending Library
P.O. Box 608
Columbia, SC 29202-0608