



## MCAS Iwakuni

### Marine Corps Community Services (MCCS) Marine and Family Programs

#### Exceptional Family Member Program (EFMP)

#### Lending Library Customer Responsibility

**TERMS:** Sponsors and/or designee with family member enrolled in the Exceptional Family Member Program (EFMP) assigned to the MCAS Iwakuni EFMP office may check out up to 3 items from the EFMP lending library with a valid military ID card for a period of 3 weeks. There is no cost to borrow items. The Lending Form must be completed prior to borrowing items. MCCS welcomes people of all abilities and if you would like assistance to browse, borrow or return EFMP library resources, please contact the EFMP office.

**OVERDUE ITEMS:** The Sponsor is responsible for returning all borrowed items in a timely manner. Extensions can be requested via telephone or email. In the event items are not returned on time, the Exceptional Family Member Program office will contact the sponsor and request the items to be returned immediately. If the items are not returned within five working days, the sponsor's command will be notified of the failure to return the items to the EFMP lending library. The Sponsor will also receive an e-mail or letter advising that their Command has been notified.

**LOST OR DAMAGED ITEMS:** EFMP lending library items are to be returned in the same clean and sanitized condition as issued. Lost or damaged items are to be replaced at the expense of the sponsor.

I acknowledge receipt of the properties indicated hereon. It is agreed that the item(s) will be returned by the return date given.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

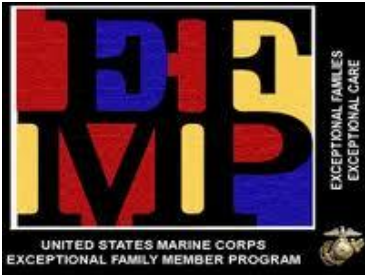
EFMP Staff: \_\_\_\_\_ Form #: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Exceptional Family Member Program**

**Building 636, Child Development Center**

**DSN: 253-5601 Local: 0827-79-5601**

**Email: ombiwaefmp@usmc-mccs.org**



**MCAS Iwakuni**

**Marine Corps Community Services (MCCS) Marine and Family Programs**

**Exceptional Family Member Program (EFMP)**

**EFMP Lending Library Form**

**Sponsor Information**

Rank & Full Sponsor Name: Last, First, MI:

\_\_\_\_\_

Unit: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Home Information**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

**Borrower's information:**

Full Name: Last, First, MI \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Home Information (if different from sponsor's)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Item#	Description	Check Out date	Due date	Check In date	EFMP staff

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