Authentication of Annual Negotiations for the New York State Public Library
System Services to State Correctional Facility Libraries
State Aid Program
Program Year ________

This signed Authentication is evidence of successful negotiation of the annual service agreement between
the public library system named below and the New York State correctional facility library/institution
named below.

NOTE: One Authentication is required for each NYS Correctional Facility Library served

Name of System:______________________________________________________________________

Name of Correctional Facility: __________________________________________________________

_____ Negotiation included review of written State correctional facility Inter - Library Loan policy and
agreement that it will be enforced by correctional facility.

_____ Both public library system and State correctional facility signers acknowledge that
State correctional facility is responsible for the provision of equitable library service to the incarcerated
individuals population.

Signatures:

_____________________________________________  Facility Librarian* Date

_____________________________________________  Deputy Superintendent for Programs Date

_____________________________________________  Public Library System Director Date

_____________________________________________  PLS Liaison to Correctional Facility Date

*Librarian must hold either a professional or a conditional certificate as per CR 90.14(a)(2) and further explained in CR
90.7. If this regulation is not met, contact Mary Beth Farr at the New York State Library/ Division of Library
Development: 518/474-1479 or e-mail marybethfarr@nysed.gov.