

**Local Author Submission Form**

*Please fill out and sign this required form for your book to be considered for the Local Author Collection. Parental or guardian consent is required if the author is under the age of 18. Submit this form along with a donated copy of your book to LeRoy Collins Leon County Public Library or send to:*

**Leon County Public Library, Collection Services**

**200 West Park Ave. Tallahassee, FL 32301**

Title of book: \_\_\_\_\_ Author: \_\_\_\_\_

Publisher: \_\_\_\_\_ Publication Date: \_\_\_\_\_

ISBN: \_\_\_\_\_ Content (check one): \_\_\_\_\_ Fiction \_\_\_\_\_ Non-fiction

Audience (check one): \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile \_\_\_\_\_ Young Adult

Genre: \_\_\_\_\_

Address: \_\_\_\_\_

Library Card Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide a very brief (1-2 sentences) summary of your book:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If available, please attach professional reviews or critiques of your book.**

For works of non-fiction, specify credentials or a description of your expertise in the subject area:

\_\_\_\_\_  
\_\_\_\_\_

**General Rules**

- Local authors must reside in Tallahassee, Florida, and the Big Bend Region - Leon, Franklin, Gadsden, Liberty, Grady, Jefferson, Wakulla, and Thomas counties.
- Authors must submit their book with the completed Local Author Submission form to a Leon County Public Library or send to the address above for review. See Local Author Collection Guidelines for review criteria. Review copy will not be returned.
- The author represents and warrants full ownership and/or legal rights to publish all material in this book. I understand that submission of this form does not guarantee selection. My signature indicates that I have read, understood, and agreed to abide by the General Rules of the Local Author Collection Agreement.

Author Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_