ORGANIZATION LIBRARY CARD APPLICATION

IDENTIFICATION REQUIRED:
- Photo I.D. (i.e. Driver’s license, state I.D. card)
- Proof of Authorization (letter on official letterhead from principal/head of organization)

ORGANIZATION INFORMATION (please print):

Organization Identity ____________________________________________________________
Main Address _____________________________________________________________
Main Phone (___) _____________________________ Email Address ________________________

Primary Card user:
Name _____________________________________________ Title _____________________________
Work Phone ____________________________ Work Email __________________________

Secondary Contact:
Name _____________________________________________ Title _____________________________
Work Phone ____________________________ Work Email __________________________

Other Card User name(s) ______________________________________________________

I would prefer to be notified of my holds by:  ◯ Email  ◯ Phone  ◯ Text

Pickup location for holds ______________________________________________________

Delivery of Library newsletter  ◯ Email  ◯ Print  ◯ none

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)
- We will be responsible for all materials checked out on this card, including materials checked out by others with or without our consent, unless we have previously reported the loss of this card.
- We will report a lost or stolen card, or any change of information (name, address, phone, email) immediately.
- We will comply with all library rules and policies.
- We understand that the library provides access to a broad range of materials and that it is our responsibility to judge for ourselves and for our students what resources are appropriate for our use.

PRIMARY USERS’ SIGNATURE/DATE: ___________________________________________ Date: _____________

HEAD OF ORGANIZATION SIGNATURE/DATE: _______________________________________

(Please print name) __________________________________________________________________________

FOR LIBRARY STAFF ONLY:

Type of registration:  □ New patron  □ Address change  □ Lost card  □ Renewal  □ Name Change (Former name ________________)
Patron Category: _______________________
PSTAT (Sort 1): _______________________
Photo ID type: _______________________
(optional) ID #: _______________________

Send application to: __________________________
Patron has been issued card with barcode __________________________ from ___________
Issue a card with this barcode and mail card to patron

(staple barcode label here)