Library Card Application

http://osulibrary.oregonstate.edu/

Please print

DATE OF BIRTH:_____
(month / day /year)

FULL NAME:_____
(last) *(first)*

ADDRESS:_____
(street with apt #) *(city)* *(state)* *(zip)*

MAILING ADDRESS:_____
(if different) *(street with apt #)* *(city)* *(state)* *(zip)*

EMAIL ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

HOME PHONE: ( )_____ ALTERNATE PHONE: ( )_____

DRIVER'S LICENSE / GOVT. ID#:_____ UNIVERSITY ID#:_____
(non-OSU only) *(OSU or Summit only)*

CONTACT NAME & PHONE:_____ ( )_____
(*friend, relative, neighbor—who could get a message to you in case the library cannot reach you.*)

BY MY SIGNATURE, I AGREE TO ABIDE BY THE POLICIES OF OSU LIBRARIES AND THE OREGON STATE UNIVERSITY CHARGE AGREEMENT. I ACCEPT FULL RESPONSIBILITY FOR THE USE OF THIS CARD AND PAYMENT OF FINES AND FEES CHARGED TO IT. I WILL GIVE IMMEDIATE NOTICE TO THE LIBRARY OF LOSS OF CARD OR CHANGE OF ADDRESS.

APPLICANT SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN NAME (PLEASE PRINT): _____
(*only for applicants younger than 16*)

PARENT/GUARDIAN SIGANTURE:_____
(*only for applicants younger than 16*)

Expiration Date:_____/_____/_____

- ☐ Fee entered in system
- ☐ Verified photo ID & address
- ☐ Conv. Card #:_____
- ☐ Summit Inst.:_____
- ☐ Name of OSU Spouse/Partner: _____

Date_____ Initials_____

STAFF USE

PTYPE		
1		Convenience Card
2		E Conv Card
101		Undergrad
122		Masters
141		OSU Faculty/GTA
161		OSU Staff
211		Summit Undergrad
212		Summit Grad
213		Summit Faculty
214		Summit Staff
PSTATUS		

- ☐ Application Verified
- ☐ Banner ID Created
- ☐ Banner ID Entered

Revised 10/17/11 DS/BF