Library Card Application

How did you hear about our resident patron card? ________________________________

Name

______________________________________________
(First) (Middle) (Last)

Address

________________________________________________
(street address) (apt #) (city) (state) (zip code)

Mailing Address, if different than above

________________________________________________
(street address or PO BOX) (apt #) (city) (state) (zip code)

Email

Date of Birth ___________________________ Photo ID type ____________ Photo ID #__________
(month / day /year)

Phone#: ( ) ___________________________ Alternate Phone#: ( ) ________________________

Summit Institution & ID # ______________________________ OSU ID # _______________________

By my signature, I agree to...
- Abide by the policies of OSU libraries and the Oregon State University charge agreement
- Accept full responsibility for the use of this card and payment of fines and fees charged to it
- Give immediate notice to the library of loss of card or change of address

Applicant Signature _______________________________ Date ______________________

Applicants Under 16 years old

Parent/guardian name (please print) ________________________________________________

Parent/guardian signature __________________________________________________________

Staff Use

☐ Verified photo ID & address
☐ Fee paid, recorded on ledger
☐ Message entered in ALMA for later payment

Convenience Card #: __________________________

For Affiliates, Name of OSU Spouse/Partner: __________________________

Date: ______________ Staff Initials: ______________

Revised by ASZ 6/19/2015