



Oregon State
University

Visiting Scholar

OSU Libraries Account Application

The Valley Library at Oregon State University is pleased to offer circulation privileges to Visiting Scholars with approval from the requesting department. An OSU ID card or OSU Libraries Convenience card is required to borrow library materials. Patron information is confidential; this includes library circulation records.

It is the responsibility of the patron to understand library policies; policy information is available on the library web page at <http://osulibrary.oregonstate.edu/borrowing>. Borrowers are financially responsible for all material charged on their account. Please report loss of identification card to the OSU ID center.

Requirements:

- Photo identification
- Completed application form
- \$1.00 library card fee (if no OSU ID)

Oregon State University Charge Agreement:

In consideration for services rendered or to be rendered, I agree to the following terms and conditions:

- 1. To pay the balance due plus interest, if added, until the debt is satisfied. Interest will be assessed at a rate of 1% per month (12% APR) on the unpaid balance as of the 10th of each month.*
- 2. To pay all costs and charges associated with collection of any amount not paid when due, including, but not limited to, Oregon Department of Revenue collection charges, collection agency charges, reasonable attorneys' fees including attorney fees on appeal, and court costs.*
- 3. To accept responsibility for notifying the Office of Business Affairs of any change in address or name, as long as there is a balance due on this account.*
- 4. The university reserves the right to terminate service in regard to past due accounts, report to credit bureaus, and to offset tax refunds through the Oregon Department of Revenue.*

Name of Visiting Scholar:

Email Address:

Phone Number: (____) ____ - ____

Oregon State University ID Number (if applicable):

_____ - _____ - _____

Date Visiting Scholar Will Leave OSU: _____

Department Contact: _____

OSU Department Address:

Department Contact Phone Number:

(____) ____ - ____

Department Contact E-mail:

(The department agrees to accept responsibility for all lost book charges incurred)

Visiting Scholar Signature:

_____ Date: _____

Department Head/Designee Signature:

_____ Date: _____

Office Use Only
<input type="radio"/> Verified Photo ID
ID type: _____
ID number: _____
Convenience Card #: _____
Date: _____ Initials: _____
<small>(last updated 7/18/2017 ASZ)</small>