

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: _____