

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: \_\_\_\_\_