

Notes:

Library Card Application

(Legal) First Name	*** Optional Section ***
(Legal) Middle Name	(Preferred) First Name(Preferred) Middle Name
(Legal) Last Name	(Preferred) Last Name
My preferred OSU library is: Corvallis Newport Ben (Valley) (Hatfield) (Casca	
Birth Date (Month/Day/Year)//	
Email Address	
Mailing Address(Street Address or PO BOX) (Apt	cor Space #) (City) (State) (Zipcode)
Phone #	
Photo ID # ID Typ (or Guardian's ID#) (Driver'	oe 's License, ID Card, Passport)
By signing, I agree to:	
	ps://library.oregonstate.edu/osu-libraries-policies ard and payment of fines and fees charged to it card or change of address
Applicant Signature	Date
Applicants Under 16 Years Old:	
Parent/Guardian Name (please print)	
Parent/Guardian Signature	
Staff Use	
OSU Library Card #: Affi	U ID #:iliates: ame of OSU Spouse/Partner:
Data: / / Staff Initials:	mmit Patron: ummit Institution:

□Summit ID #: