Library Card Application

Legal Name (Please print clearly)

(First)                                                  (Middle)            (Last)
Preferred Name, if different than above

(First)                                                  (Middle)            (Last)
Address

(Street address)                                       (Apt or Sp#)                             (City)                              (State)           (Zip code)

Mailing Address, if different than above

(Street address or PO BOX)                  (Apt or Sp#)                             (City)                              (State)           (Zip code)

Email

Date of Birth _____________________________         Phone #: ______________________________
   (month / day /year)                (###) ###-####

Photo ID type ____________________________________     Photo ID # _____________________________
   (include issuing place, ex: OR DL)

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, or Note placed in ALMA
   □ Oregon Passport Program

Summit Patron:
   □ Summit Intuition: ___________________________
   □ Summit ID #: _____________________________

Affiliates:
   □ Name of OSU Spouse/Partner: ________________________________

Convenience Card #:

OSU ID #: ___________________________

Date: ____________ Staff Initials: ___________________________

Revised by ASZ 3/10/2019