



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: <input type="checkbox"/> Verified photo ID & address <input type="checkbox"/> Fee paid, or Note placed in ALMA <input type="checkbox"/> Oregon Passport Program	Affiliates: <input type="checkbox"/> Name of OSU Spouse/Partner: _____
Summit Patron: <input type="checkbox"/> Summit Intuition: _____ <input type="checkbox"/> Summit ID #: _____	Convenience Card #: _____ OSU ID #: _____ Date: _____ Staff Initials: _____