



# 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** \_\_\_\_\_

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