

Library Card Registration Form Grad or Undergrad

(Please PRINT and fill out completely)

Name:

Last: _____ First: _____ Full Middle: _____

Local Mailing Address: (You must have a local address or P.O. Box to check out.)

Street or P.O. Box: _____

City: _____ State: _____

ZIP Code: _____

Telephone #: _____

Permanent Mailing Address (if different from address above):

Street or P.O. Box: _____

City: _____ State: _____

ZIP Code: _____

Telephone #: _____

E-Mail Address: _____

User Status:

1.) University of Alaska Status: Grad _____ Undergrad _____

2.) UAF ID #: _____

For Staff Use:

Patron ID (Write ID number Here)

Patron Type: _____ GRAD, _____ UNDERGRAD

Expiration Date: _____

Notes: _____

Notes: _____

Notes: _____

Accepted by:

Initials: _____

Date: _____

Entered:

Initials: _____

Date: _____

Verified:

Initials: _____

Date: _____

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