

Library Card Registration Form

Faculty or Staff

(Please Fill Out completely)

Name:

Last: _____ First: _____ Middle: _____

DEPARTMENT Mailing Address:

Dept. Name: _____

P.O. Box: _____

City: _____ State: _____

ZIP Code: _____

Office Telephone #: _____

Home Mailing Address:

Street Address or P.O. Box: _____

City: _____ State: _____

ZIP Code: _____

Home Telephone #: _____

E-Mail Address: _____

User Status:

1.) University of Alaska Status: Faculty _____ Staff _____

2.) UAF ID #: _____

For Staff Use:

Patron ID (Place Barcode Here)

Patron Type: _____ FACULTY _____ STAFF

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Expiration Date: _____

Notes: _____

Notes: _____

Notes: _____

Accepted by:

Initials: _____

Date: _____

Entered:

Initials: _____

Date: _____

Verified:

Initials: _____

Date: _____