

Library Card Registration Form Grad or Undergrad

(Please PRINT, Fill Out completely)

Name:

Last: _____ First: _____ Full Middle: _____

Local Mailing Address: (you must have a local address or PO Box to check out.)

Street or P.O. Box: _____
City: _____ State: _____
Zip Code: _____
Phone #: _____

Permanent Mailing Address (if different than address above):

Street or P.O. Box: _____
City: _____ State: _____
Zip Code: _____
Phone #: _____

E-Mail Address: _____

User Status:

- 1.) University of Alaska Status: Grad _____ Undergrad _____
- 2.) UAF ID #: _____

For Staff Use:	Accepted by:
Patron ID (Place Barcode Here)	Initials: _____ Date: _____
Patron Type: ____ GRAD, ____ UNDERGRAD	Entered: Initials: _____ Date: _____
#####	
Verified:	Initials: _____
Expiration Date: _____	Date: _____
Notes: _____	
Notes: _____	
Notes: _____	