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

Accepted by:
Initials: __________
Date: __________

Entered:
Initials: __________
Date: __________

Verified:
Initials: __________
Date: __________

Expiration Date: ________________
Notes: ____________________________________________
Notes: ____________________________________________
Notes: ____________________________________________