

SIRSI Library Card Registration Form

Faculty or Staff

(Please PRINT, Fill Out completely)

Name: Last: _____ First: _____ Middle: _____ Full

Optional:
Preferred First Name (if different from legal name): _____

DEPT. Mailing Address:

Dept. Name: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____
Office Phone #: _____

Home Mailing Address:

Street or PO Box: _____
City: _____ State: _____
Zip Code: _____
Home Phone #: _____

UAF 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: _____