

# 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

#####

Expiration Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

Accepted by:

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Entered:

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Verified:

Initials: \_\_\_\_\_

Date: \_\_\_\_\_