SIRSI Library Card Registration Form
Faculty or Staff
(Please PRINT, Fill Out completely)

Name:
Full
Last: _________________________ First: ____________________ Middle: _____________

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:
Accepted by:
Initials:  __________
Date:  __________

Entered:
Initials:  __________
Date:  __________

Verified:
Initials:  __________
Date:  __________

Patron ID (Place Barcode Here)
Patron Type:  ____FACULTY,  ____STAFF
Expiration Date:  ____________________
Notes:  _________________________________________________
Notes:  _________________________________________________
Notes:  _________________________________________________