SIRSI Library Card Registration Form
PUBLIC (FNSB Patrons)
(Please PRINT, Fill Out completely)

Name:  
Last: _________________________ First: ____________________ Middle: _____________

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

Home Mailing Address:
Street or PO Box: ____________________________
City: ____________________________ State: ______________ Zip Code: ______________
Home Phone #: ____________________

Permanent Address (if different than address above):
Street or PO Box: ____________________________
City: ____________________________ State: ______________ Zip Code: ______________
Phone #: ____________________

E-Mail Address: ____________________

Alternate ID #:
A.) Alaska Driver’s License: ____________________________
or
B.) Alaska State ID Card #: ____________________________

For Staff Use: 
Accepted by: 
Initials: ________ Date: __________

Patron ID (Place Barcode Here)
Entered: 
Initials: ________ Date: __________

Patron Type: ____ PUBLIC

Expiration Date: ____________________
Notes: **FNSB PATRON—CHECK FNSB COMPUTER**
Notes: ____________________________
Notes: ____________________________