# SIRSI Library Card Registration Form
# **Grad or Undergrad**
### (Please PRINT, Fill Out completely)

## **Name:**
Full

Last: _____ First: _____ Middle: _____

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

## <u>Local Mailing Address:</u>

Street or PO Box: _____

City:_____ State: _____

Zip Code: _____

Phone #: _____

## **Permanent Mailing Address** (if different than address above)**:**

Street or PO Box: _____

City: _____State: _____

Zip Code: _____

Phone #: _____

## **UAF E-Mail Address:** _____

## **User Status:**

1.) University of Alaska Status: Grad \_\_\_\_\_ Undergrad \_\_\_\_\_

2.) UAF ID #: _____