

SIRSI Library Card Registration Form

Grad or Undergrad

(Please PRINT, Fill Out completely)

Name:

Last: _____ First: _____ Middle: _____ Full

Optional:

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

Local Mailing Address:

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 #: _____

For Staff Use:	Accepted by:
Patron ID (Write ID # here)	Initials: _____
	Date: _____
Patron Type: _____ GRAD, _____ UNDERGRAD	Entered:
#####	Initials: _____
Expiration Date: _____	Date: _____
Notes: _____	Verified:
Notes: _____	Initials: _____
Notes: _____	Date: _____