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

Name:
Last: ____________________________ First: ____________________________ Middle: _____________

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:
Patron ID (Write ID # here)
Patron Type: _____ GRAD, _____ UNDERGRAD

Accepted by:
Initials: __________
Date: _____________

Entered:
Initials: __________
Date: _____________

Verified:
Initials: __________
Date: _____________

Notes: ____________________________________________________________
Notes: ____________________________________________________________
Notes: ____________________________________________________________