

Library Use Only

Category _____

Barcode _____

S.R. SCHOLLES LIBRARY

FACULTY, ADMINISTRATORS, STAFF, VISITING ARTISTS, RESEARCHERS, POST DOCS

Library Card Application

Photo ID required for library cards to be issued or updated.

PLEASE PRINT

Name _____

LAST

FIRST

MIDDLE INITIAL

Driver's License/Other Photo ID _____

Alfred University _____

Department/Program _____

Alfred State College _____ or SUNY Institution _____

Department/Program _____

(Check One) _____ FACULTY _____ ADJUNCT FACULTY _____ ADMINISTRATOR _____ STAFF
_____ RESEARCHER _____ VISITING ARTIST _____ POST DOC _____ OTHER _____

(Check One) _____ FULLTIME _____ PART-TIME _____ TEMPORARY _____ RETIRED

Campus Mail Address _____

BUILDING, ROOM NO.

E-Mail Address _____ Telephone _____

VISITING ARTISTS & RESEARCHERS Dates on Campus _____

Campus Contact _____

DEPARTMENT, FACULTY

Permanent Address

Street/P.O. Box _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail address _____

When this form is completed, we will create a borrower's account in your name. You will be issued a library card that *must* be presented to check out materials.

Borrowers are responsible for lost or damaged materials. Lost or damaged materials will be billed at a current replacement cost to be determined by the Library Director plus a \$20.00 processing fee. There is a \$1.00 replacement fee for all lost or damaged library cards.

Signed _____ Date _____

Library Use Only

Student Library Assistant _____ Date Entered _____