UCSD LIBRARY BORROWING CARD REGISTRATION

LAST NAME   FIRST NAME   MI

LOCAL MAILING ADDRESS: **(Secondary street address required if P.O. Box)**

Street

City   State   Zip Code

LOCAL TELEPHONE NUMBER: PERMANENT TELEPHONE NUMBER:

(   )   -   (   )   -

E-mail Address:

PERMANENT MAILING ADDRESS: (if different)

Street

City   State   Zip Code

LIBRARY USE ONLY

☐ New   ☐ Renewal   ☐ Renewal with no changes   ☐ Replacement

AFFILIATION

☐ Community Borrowing Card
   ☐ Dual ☐ Senior ☐ Student

☐ UC Alumni Association member
   Campus: _____

☐ UC Extension
   ☐ faculty ☐ student ☐ concurrent

☐ Other UC Campus: _____
   ☐ faculty ☐ staff ☐ undergrad ☐ grad

☐ Visiting Scholar ☐ fac/res ☐ grad
   Dept. _____

☐ CSU/Community College Student ☐ 6 month
   School: _____ ☐ 1 year

☐ K-12 Public School Teacher
   School: _____

☐ Immediate Family Member ☐ faculty
   Name: _____ ☐ staff
   Dept.: _____ Phone: _____ ☐ post doc

☐ WASC Current Faculty
   School: _____

☐ Other: _____

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Approved by	Current Date	Exp Date	Patron Type	Affiliation	Amount	Received by	Batch Number	Receipt number

Notes:

Dual Cardholder: _____

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