Chester Fritz Library
PATRON REGISTRATION FORM
(Patron MUST present picture ID and fill out ENTIRE form to obtain a library card)

PLEASE PRINT
LEGAL NAME (LAST, FIRST MIDDLE): ________________________________

EMPL#: ____________________________

E-MAIL ADDRESS: ________________________________

<table>
<thead>
<tr>
<th>LOCAL ADDRESS:</th>
<th>PERMANENT ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(HALL, STREET, APT#)</td>
<td>(STREET, APT#)</td>
</tr>
<tr>
<td>(CITY, STATE, ZIP CODE)</td>
<td>(CITY, STATE, ZIP CODE)</td>
</tr>
<tr>
<td>(AREA CODE, PHONE #)</td>
<td>(AREA CODE, PHONE #)</td>
</tr>
</tbody>
</table>

PLEASE INDICATE:
UND ALUMNI: ______ DEGREE AND DATE: ________________________________

OLLI (Osher Lifelong Learning Institute) ______

RETIREDA STAFF: ______ OTHER: ______
(ND RES, MN RES, ETC. – Affiliated and Unaffiliated cards)

RETIREDFACULTY: ______
*This category receives ILL privileges

I understand that I am responsible for all materials charged on my Chester Fritz Library card.
By accepting this privilege, I agree to:
  1. Observe the Library’s Loan Policy
  2. Take care of the materials in my possession
  3. Return them by their due date
  4. Pay promptly for loss or damage that occurs to materials charged out to me.

I understand that my privileges will be suspended if I fail to abide by the above.

____________________________________  __________________________
(SIGNATURE)                              (DATE)

UNIVERSITY OF NORTH DAKOTA LIBRARIES

Rev. 6/2014
FOR LIBRARY STAFF ONLY:

TYPE OF PHOTO ID PRESENTED WHEN FORM COMPLETED: ________________________

PATRON’S DATE OF BIRTH: ________________________

CHECKED BY: ________________________  DATE: ________________________
          (INITIALS)                                             (MONTH/DAY/YEAR)

RECEIPT#: _______________________________  PAYMENT METHOD: CASH / CHECK
          (Circle One)

TEMP BARCODE#: __231______________________________

PERMANENT BARCODE#: __401______________________________

TYPE OF PHOTO ID PRESENTED WHEN ISSUED: ________________________

CHECKED BY: ________________________  DATE: ________________________
          (INITIALS)                                             (MONTH/DAY/YEAR)