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: ___________________________________________________________________________

LOCAL ADDRESS:          PERMANENT ADDRESS:

(HALL, STREET, APT#)           (STREET, APT#)

(CITY, STATE, ZIP CODE)                (CITY, STATE, ZIP CODE)

(AREA CODE, PHONE #)           (AREA CODE, PHONE #)

PLEASE INDICATE:

UND ALUMNI: ______ DEGREE AND DATE: ___________________________

RETIRED STAFF: ______ OTHER: ______

(ND RES, MN RES, ETC. – Affiliated and Unaffiliated cards)

RETIRED FACULTY: ______ EMERITUS FACULTY: ______

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. 9/27/21
FOR LIBRARY STAFF ONLY:

TYPE OF PHOTO ID PRESENTED: ________________________

PATRON’S DATE OF BIRTH: ____________________________

PERMANENT BARCODE#: _401____________________________

CHECKED BY: ____________________________          DATE: _____________________________
          (INITIALS)                          (MONTH/DAY/YEAR)