

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: _____

<p><u>LOCAL ADDRESS:</u></p> <p>_____</p> <p>(HALL, STREET, APT#)</p> <p>_____</p> <p>(CITY, STATE, ZIP CODE)</p> <p>_____</p> <p>(AREA CODE, PHONE #)</p>	<p><u>PERMANENT ADDRESS:</u></p> <p>_____</p> <p>(STREET, APT#)</p> <p>_____</p> <p>(CITY, STATE, ZIP CODE)</p> <p>_____</p> <p>(AREA CODE, PHONE #)</p>
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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

FOR LIBRARY STAFF ONLY:

TYPE OF PHOTO ID PRESENTED: _____

PATRON'S DATE OF BIRTH: _____

PERMANENT BARCODE#: 401_____

CHECKED BY: _____
(INITIALS)

DATE: _____
(MONTH/DAY/YEAR)