

**COMMUNITY BORROWER/GRADUATE OF BSU
APPLICATION FOR BORROWING PRIVILEGES**

A.C. Clark Library, Bemidji State University

Please print legibly; items in **bold** are mandatory.

LAST NAME: _____ **FIRST NAME:** _____

DATE: _____

STREET ADDRESS Street: *(no P.O. Box accepted)* _____
City: _____ State: _____
Zip Code: _____ Phone: (____) _____

MAILING ADDRESS E-mail Address: _____
Send notices to e-mail address? ___ = YES ___ = NO, use local address
Street: (P.O. Allowed)
City: _____ State: _____
Zip Code: _____ Phone: _____

BORROWER TYPE Please check the borrower type which best describes you.

Graduate of Bemidji State University

Community Borrower

Year graduated _____
(Maiden Name): _____

(Resident of BSU service region who does not qualify
for borrowing privileges affiliated with a group or unit.)

BSU ID number _____

Students and faculty of post-secondary institutions may also be able to request enhanced borrowing privileges through their home institution. Institutions participating in this program will have the necessary applications at their libraries.

NOTE: Non-University Borrower Cards are granted only to adults (persons age 18 and over).

I, the undersigned, agree to abide by the policies and procedures of the A.C. Clark Library.

SIGNATURE _____ **DATE** _____

.....
APPLICATION RECEIVED BY _____ **DATE** _____

PICTURE ID PRESENTED Driver's License #: _____
(I is required or application Employer ID; Employer: _____
will not be processed.) Other: _____

ATTACH PHOTOCOPY OF DOCUMENT WITH CURRENT ADDRESS

20105 _____

***** LIBRARY STAFF USE ONLY *****

STAFF INITIALS: _____ **DATE PROCESSED:** _____

NOTES FOR PROCESSING:

ACTION TAKEN

BORROWING PRIVILEGES GRANTED Expiration Date _____

BORROWER TYPE

Graduate of BSU: Year

Community Borrower

Other _____ *Local Patron Status* _____

Notes:

BORROWING PRIVILEGES DENIED

Reason:

BARCODE NUMBER ASSIGNED: 2 0 1 0 5 _____