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 ☐ 1 year
School: _____

☐ K-12 Public School Teacher
School: _____

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

☐ 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: _____ 2 1 8 2 2