

# WASHINGTON STATE UNIVERSITY LIBRARIES USER APPLICATION

Please Print Very Clearly

Community User  
 Visiting Summit  
 Visiting Scholar, Dept. \_\_\_\_\_  
 Other \_\_\_\_\_

WSU ID# \_\_\_\_\_  
(Leave blank if not known.)  
Do you have a Cougar/Library Card already? \_\_\_\_\_

\_\_\_\_\_  
FULL NAME (Last) (First) (Middle)

I hereby apply for permission to borrow books and other library materials from the WSU Libraries.

\_\_\_\_\_  
CURRENT MAILING ADDRESS(Street or PO Box)

I agree to observe all the rules and regulations that govern library use at Washington State University and to be solely responsible for any and all use made of the permission granted me.

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
BIRTHDATE(mm/dd/yyyy)

Library privileges are valid for a limited time. (See your expiration date.) All library charges must be paid before the privileges will be extended.

\_\_\_\_\_  
TELEPHONE (Residence) (Daytime)

If a card issued to me is lost, I agree to report the loss immediately to the WSU Libraries. A replacement card will be issued with the same ID number.

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT—REQUIRED

\_\_\_\_\_  
PERMANENT ADDRESS, IF DIFFERENT

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Library Location WSU Vancouver Library

FORM #183

## ID VERIFICATION

ID Number \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

INSTITUTION, STATE, ETC. \_\_\_\_\_

FOR VISITING SUMMIT:

EXPIRATION DATE \_\_\_\_\_

PATRON TYPE \_\_\_\_\_

OTHER NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STAFF USE ONLY

WSU ID# \_\_\_\_\_

LIBRARY EXPIRATION DATE \_\_\_\_\_

ENTERED BY \_\_\_\_\_

RENEWAL DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_