

# APPLICATION FOR CIRCULATION PRIVILEGES

(Please Write Legibly)

<p style="text-align: center;"><b>SELECT</b></p> <p>( ) New Application</p> <p>( ) Renewal Application</p>	<p style="text-align: center;"><b>SELECT ONE</b></p> <p>( ) Affiliated – No Charge      ( ) Alumni Assoc. Member – No Charge</p> <p>( ) High School Student (\$15.00)      ( ) Community Borrower (\$40.00)</p>
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Do you have a University ID card?  No  Yes Indicate status on card: \_\_\_\_\_  
**(Please note a University ID is required to serve as your library card. A service charge will be assessed by the Campus Card Office)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Note: Social Security # is **required** unless patron has a valid University ID #.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_ University ID #: \_\_\_\_\_

Business name/address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

<b>Please check and complete the appropriate category and sign below.</b>		
<b>UAF student currently enrolled.</b> UA ID # _____ Dept/Advisor _____		
<b>UAF full time, appointed faculty</b> Position: _____ Dept: _____		
Campus Address: _____		Dept. Phone _____
<b>UAF full time, appointed staff</b> Position: _____ Dept: _____		
Campus Address: _____		Dept. Phone _____
<b>UAF faculty/staff spouse</b> Spouse's name: _____ Dept: _____		
<b>UAF faculty/staff dependent</b> Parent's name: _____ Dept: _____		
<b>Arkansas Alumni Association Member</b> (Must present Alumni Card.) Membership Exp.date: _____ (staff initial) _____		
<b>High School Student:</b> School name: _____ City/State: _____		
<b>Parent Approval Required (Signature)</b> _____		
<b>Visiting</b> - - <input type="checkbox"/> Adjunct or part-time faculty <input type="checkbox"/> Adjunct or part-time staff <input type="checkbox"/> Student <input type="checkbox"/> Spring International		
U of A Department: _____		Dept. contact: _____ Phone #: _____
<b>Other UA affiliation</b> - - Please specify _____		
Please provide a reference: _____		
(Name)	(Address)	(Phone #)
<b>Community Borrower</b> -- not affiliated with the University of Arkansas. Please provide a business or personal reference: _____		
(Name)	(Address)	(Phone #)
_____		_____
<b>(Your Signature)</b>		<b>(Today's date)</b>

NAME (last, first)

<i>To be completed by staff</i>			
Fines Checked _____	Photo ID verified _____	Refs Checked _____	Name: _____
Approved _____	Fee/Courtesy _____	Mail/Pickup _____	Card Number _____
Paid (date) _____	Inv. # _____	Issue Date _____	Exp. Date _____

Submit to the Circulation Desk, University Library or mail to 365 N McIlroy, Fayetteville, AR 72701 or Fax with copy of photo identification to 479-575-6656.