

## APPLICATION FOR CIRCULATION PRIVILEGES

<p style="text-align: center;"><b>SELECT</b></p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Renewal Application</p>	<p style="text-align: center;"><b>SELECT</b></p> <p><input type="checkbox"/> Affiliated – No Charge   <input type="checkbox"/> Alumni Assoc. Member – No Charge</p> <p><input type="checkbox"/> High School Student (\$15.00)   <input type="checkbox"/> Community Borrower (\$40.00)</p>
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Name \_\_\_\_\_ UniversityID# \_\_\_\_\_  
(Last) (First) Note: If no University ID # a Social Security # is required.

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

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

(Please note a University ID is required to serve as your library card. A separate charge will be assessed by the Campus Card Office)

**Please check and complete the appropriate category and sign below.**

**UAF student currently enrolled** UA ID # \_\_\_\_\_ Dept./Advisor: \_\_\_\_\_

**UAF full time, appointed faculty/staff** Position: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Dept. Phone \_\_\_\_\_

**UAF faculty/staff spouse** Spouse's name: \_\_\_\_\_ Dept.: \_\_\_\_\_

**UAF faculty/staff dependent** Parent's name: \_\_\_\_\_ Dept.: \_\_\_\_\_

**Arkansas Alumni Association Member** Membership # \_\_\_\_\_ Exp. date: \_\_\_\_\_

**High School Student:** School name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Parent Approval Required** (Signature) \_\_\_\_\_

**Visiting** - -  Hourly staff  Adjunct faculty  Visiting faculty  Spring International  
 U of A Department: \_\_\_\_\_ Dept. contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Other UA affiliation** - - Please specify \_\_\_\_\_

Please provide a reference: \_\_\_\_\_  
(Name) (Address) (Phone #)

**Community Borrower** -- not affiliated with the University of Arkansas. Please provide a business or personal reference: \_\_\_\_\_  
(Name) (Address) (Phone #)

\_\_\_\_\_ (Your Signature) \_\_\_\_\_ (Today's date)

NAME (last, first) \_\_\_\_\_

*For Staff only...Please initial by the completed items.*

Photo ID verified _____	Refs Checked _____	Fines checked: _____
Paid (date) _____	Receipt # _____	Card Number: _____
Issue Date _____	Exp. Date _____	Final approved: _____

Submit to the Circulation Desk, University Library or mail to 365 N McIlroy, Fayetteville, AR 72701 or

Email with copy of photo identification to circserv@uark.edu