Patron Card Application Ezra Lehman Library Shippensburg University

Please Print	Date:		
Full Name(Last)			
(Last)		(Middle)	
City	State	Zip _	
Email Address		Telephone ()	
Driver's License Number		State	
Do you currently have a Shippensburg University I	D card? Yes	No	
<i>If Applicable:</i> Employer's Name & Address:			
Name of individual under 18 who will be using this			
Mail Card to Home Address (Note: Card will be mailed ************************************	if not picked up after o	Library Circulation Des ne week)	
Reason for Requesting Charge Privileges:			
Community (\$10.00 annual fee)	Guest	Alumni	Staff
ACLCP/KLN/PASSHE Patron		Trinoration	
(College/University) Your information may be shared with the SU Foundation for the purposes			
of communication about our Library.			
Printing: Printing is limited to up to 100 pages per Quarters are based on the calendar year only. Print purposes and printing privileges can be rescinded for	ers should be use	ed for educational or li	mited personal
We accept cash or checks only. Please make check pay	able to: Shippen	sburg University	
I have received and read the appropriate Patron	Card Policy		
Х			
Signature		Da	te
Office Use Only Patron Record in system? Yes No Patron Barcode Number	er		
Receipt Number Date Issued For Alumni Cards only:	Entered By		
Graduation Date: Degree Confirmed:			