

Patron Card Application
Ezra Lehman Library
Shippensburg University

Please Print

Date _____

Full Name _____

Full Address _____

Email Address _____ Telephone _____

Driver's License Number _____ State _____

Do you currently have a Shippensburg University ID card? Yes ___ No ___

Reason for Requesting Charge Privileges:

___ Community (\$10.00 annual fee) ___ Courtesy ___ Guest ___ Alumni

___ Staff ___ ACLCP/KLN/PASSHE Patron _____

If applicable:

Name of individual under 18 who will be using this card: _____

**Your information may be shared with the SU Foundation for the purposes of communication
about our Library.**

For Alumni Cards only:

Graduation Date: _____ Degree Confirmed: _____

Do you currently have a Shippensburg University ID card? Yes ___ No ___

Mail Card to Home Address: _____ Pick up Card at Circulation Desk? _____

(Note: Card will be mailed if not picked up after one week)

We accept cash or checks only. Please make check payable to: Shippensburg University

I have received and read the appropriate Patron Card Policy

X _____ Date _____

Signature

Office Use Only

Patron Record in system? Yes ___ No ___ Patron Barcode Number _____

Receipt Number _____ Date Issued _____ Entered By _____