

JEWISH HOSPITAL COLLEGE LIBRARY
APPLICATION FOR BORROWING PRIVILEGES

Date: _____

Name (last, first): _____

Social Security Number: _____

Complete Mailing Address:

Street: _____

City/ST/Zip: _____

Home Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

Status:

JHC Faculty / Staff

JHC Student Student badge expiration date: _____

JHC Alumni Date last attended JHC: _____

BJC BJC Employee #: _____

BJC Department: _____

Other Identification type / #: _____

Library Policy:

Patrons are unconditionally responsible for library materials issued to them. Patrons agree to reimburse the library for materials lost or damaged while issued to them and to pay library fines for overdue materials — according to current library policy.

I have read and fully understand the above, and by signing below, agree to be legally bound by the terms and conditions of this Policy:

signature

For office use only:

Processed by: _____ Date: _____