

SAMPLE
GENERAL APPLICATION FORM

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**APPLICATION FOR TUTT LIBRARY PRIVILEGES
GENERAL APPLICATION**

Name: _____
 Last First Middle Initial

Address: _____

 City State Zip Code

E-mail address: _____

 Phone: _____

Limited use of the facilities of Tutt Library will be authorized in accordance with existing policy.
Applicant agrees to assume financial responsibility for accrued fines and /or lost materials.
Applicant agrees to return promptly any library material that is needed for instructional purposes.
Applicant acknowledges that Tutt Library privileges are for the sole use by the person named
and that the library card is not transferable.
Special Borrower privileges must be approved by the Library Director.
(OVER)

B
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Patron Categories: _____ Exp Date: _____

Name of Community Borrower Library _____ Barcode: _____

~~Name of Reciprocal Borrower (RD) Library:~~ _____ Alumni: _____

CC Dependent/Spouse: _____ Year graduated: _____

Sponsor: _____

Relationship: _____ Department: _____

Telephone or Ext: _____

_____ Signature _____ Date

Processed by: _____ Checked by: _____

SAMPLE
EMPLOYEE APPLICATION FORM

APPLICATION FOR TUTT LIBRARY PRIVILEGES
EMPLOYEE APPLICATION

F
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NAME: _____
Last First Middle Initial

Dept: _____
Building

Address: _____
Permanent Address

City

State

Zip Code

Home phone: _____ Office Ext: _____

E-mail Address: _____

(OVER)

Patron Categories:

Exp Date: _____

Barcode: _____

Faculty: _____

Para Professional: _____

Retired: _____

Dept: _____

Visiting Faculty: _____

Staff: _____

Blocks: _____

Retired: _____

Years: _____

Signature

Date

Processed By

Checked By

B
A
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K

SAMPLE
STUDENT/SUMMER APPLICATION FORM

APPLICATION FOR TUTT LIBRARY PRIVILEGES
STUDENT/ SUMMER APPLICATION

F
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NAME: _____
Last First Middle Initial

Campus Address: _____
Building

Address: _____
Permanent Address

_____ City State Zip Code

Campus Ext: _____ Home phone: _____

E-mail Address: _____

(OVER)

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Patron Categories:

Exp Date: _____

Barcode: _____

Student: _____

MAT: _____

Current Yr: _____

Yr Graduating: _____

Summer Student: _____

Summer Conference:

Blocks: _____

Name: _____

Year: _____

Year: _____

Signature Date

Processed By

Checked By