

System courtesy card registration form
Ohio State University Libraries

Please print all information.

Name: (last) _____ (first) _____ (m.i.) _____

Local address: (street address) _____

(city/state) _____ (zip) _____ (phone) _____

Home address: (street address)

(city, state) _____ (zip) _____ (phone) _____

Email address: _____

Reason for courtesy card eligibility

osu alumni life yearly expiration date: _____

other (please indicate): _____

I understand that I am responsible for all materials I check out and any fines I may accrue.

Signature _____ Date _____

Patron type (1)

rate (x)

campus (e)

P. Barcode _____

Expires _____