



# MARION CAMPUS LIBRARY

1469 Mt. Vernon Ave., Marion, OH 43302 • (740) 725-6254

**Ask. Learn. Succeed.**



## MARION CAMPUS LIBRARY REGISTRATION FORM (REGISTRATION IS FOR MARION CAMPUS ONLY)

**Please Check All That Apply:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> MTC Student (9)       | <input type="checkbox"/> a freshman/1st year              | <input type="checkbox"/> e fresh-honors |
|  | <input type="checkbox"/> b sophomore/2 <sup>nd</sup> year | <input type="checkbox"/> f soph-honors  |
| <input type="checkbox"/> OSU Undergraduate (9) | <input type="checkbox"/> c junior                         | <input type="checkbox"/> g jr-honors    |
|  | <input type="checkbox"/> d senior                         | <input type="checkbox"/> h sr-honors    |
| <input type="checkbox"/> OSU Graduate (10)     | <input type="checkbox"/> i mast/post mast                 | <input type="checkbox"/> j doctoral     |

- |  |  |
|--|--|
| <input type="checkbox"/> Staff (12)                  | <input type="checkbox"/> k post doctoral |
| <input type="checkbox"/> Administration/Professional | <input type="checkbox"/> m classified    |

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> OSU Faculty (11) | <input type="checkbox"/> n professor               | <input type="checkbox"/> o assoc professor   |
| <input type="checkbox"/> MTC Faculty (13) | <input type="checkbox"/> p assist professor        | <input type="checkbox"/> q instructor        |
|   | <input type="checkbox"/> r lecturer                | <input type="checkbox"/> s adjunct professor |
|   | <input type="checkbox"/> t clinical faculty        | <input type="checkbox"/> u emeriti           |
|   | <input type="checkbox"/> v community faculty (MTC) |  |
|   | <input type="checkbox"/> w visiting faculty        |  |

### PLEASE PRINT ALL INFORMATION:

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Number/Street) (apt. #)

\_\_\_\_\_  
(City, State) (Zip Code)

PHONE: \_\_\_\_\_ Social Security # \_\_\_\_\_

Campus ID #/ University ID #: \_\_\_\_\_

DO YOU WANT TO RECEIVE LIBRARY NOTICES VIA E-MAIL?  Yes  No

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_