

EVERGREEN LIBRARY CARD APPLICATION

(Photo ID required)

PLEASE PRINT

Full Name _____
(Last) (First) (Middle)

Telephone # _____

E-Mail Address _____

Local Mailing Address _____

(City)

(State)

(Zip Code)

1. Items checked out from Evergreen are due at the end of the current Academic quarter.
2. Please notify the library of any changes to address, phone, or email, or update online.

Please Read and Sign the Statement Below:

I agree to abide by the rules of the libraries from which I borrow materials and to pay any fees that may be charged for materials/equipment lost, damaged or returned late, as stated in the rules. I understand that I am responsible for all use made of my library card, with or without my consent.

Date _____ Your Signature _____

Date _____ Parent's/Guardian's Signature _____
(if under 18 years of age)



The Evergreen State College Library

Revised 10/16

Staff
initials: _____