

# **LIBRARY REGISTRATION FORM**

library.downstate.edu



BORROWER LIB I.D
.....
REGISTRATION CLASS
.....
BORROWER CNUM
.....
EXPIRATION DATE
.....

DATE.....(MM/DD/YYYY)

TITLE Dr.,Mr.,Mrs.,Ms.(CIRCLE ONE)

LAST NAME.....FIRST NAME.....MI.....

## **FOR STUDENTS ONLY**

COLLEGE.....YEAR.....BOX#.....EXPECTED GRADUATION DATE.....

HOME OR DORMITORY ADDRESS.....

.....ZIP.....STATE.....

TELEPHONE.....BEEPER/PAGER.....

## **FOR FACULTY/RESIDENTS/STAFF/OTHER**

SUNY DEPARTMENT.....BOX#.....EXT.....

STATUS: **CIRCLE ONE** (FACULTY, RESIDENT, STAFF) IF OTHER.....

HOME ADDRESS.....

.....ZIP.....STATE.....

TELEPHONE.....BEEPER/PAGER.....

LIBRARY STAFF INITIALS.....DATE.....