



## Skyline College Library Library Card Application

Last Name (Printed): \_\_\_\_\_ First Name (Printed): \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(      )

Email Address: \_\_\_\_\_ Student G# (if available):  
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I agree to follow the library rules, be responsible for materials that are charged to this card and notify the library when any information I have provided is changed. Library users, regardless of age, have access to all library materials.

Signature: \_\_\_\_\_