APPLICATION FOR SPECIAL BORROWERS’ CARD
(processed within five (5) working days)

Name:___________________________________________________________________
Address:________________________________________________________________
Telephone (home    mobile) __________________________________________________
E-mail: ___________________________________________________________________
Birth Month & Day (ex. Jan. 1 = 0101) ____________________________ will be your PIN.

Please check the correct category below and fill in requested information.

○ Retired (circle one) SMC / HCC / BC faculty or administrative staff. (ND retirees must go to Human Resources Card Services to obtain their official University ID card.)

○ Alumni of (circle one) ND / SMC / HCC / BC and living in the Michiana Area (50 mile radius).
  Year degree received: ________________ Maiden name (IF applicable):_______________________

○ Family (spouse, adult dependent child 18+) of (circle one) ND / SMC / HCC / BC faculty,
  administrative staff, or graduate student living in Michiana area. (ND spouses can go to card services to obtain an official University ID card for access to more University services beyond the Library. Qualifying relatives’ name & Univ. ID # _______________________________________

○ Faculty from colleges/universities participating in the Academic Research Libraries in OCLC Reciprocal Borrowing Program (SBOC).

○ Area Clergy. (Must attach photocopy of current clergy status identification.)

○ Professional Personnel from a non-profit organization in the Michiana area. (Must attach proof of employment and tax exempt number on company letterhead):
  Agency name:_____________________________________________________________________
  Address:__________________________________________________________________________
  Telephone:__________________________________ tax exempt# ___________________________

○ Affiliate. (employed in an organization affiliated with the University but not directly employed by the University)
  Agency name:_____________________________________________________________________
  Address:__________________________________________________________________________
  Telephone:__________________________________

○ Other:__________________________________________________________________________

Office use only
Status: ____________            issue date: _______________            Lease/empl. Ends _________________
Barcode________________________________________ initials:______________