

Colgate Libraries Application for Borrowing Privileges

Please Print

Name	_____	_____
	<i>Last name</i>	<i>First name</i>
Home Address	_____	_____
	_____	_____
Business Address or College Affiliation	_____	_____
	_____	_____
Telephone	<i>Home</i> _____	<i>Work</i> _____
Banner # (or College ID, NYSDL, etc)	_____	
E-mail Address	_____	

Acceptance of University Policies and Responsibility for Borrowed Materials

I have read the *Visiting Borrower Guidelines* and I agree to abide by University polices and regulations and to accept responsibility for materials borrowed using my Visiting Borrowers Library Card, including responsibility for fines, billing and replacement costs for overdue, lost or damaged materials. I understand that materials will not be lent unless the card is presented, and I accept responsibility for materials lent to any person presenting the card.

Signature _____ Date: _____

Fee: **\$40**. Renewable Annually. Make check payable to **Colgate University Libraries**. (5)

Exemption from fee. Visiting borrower privileges are granted to persons in the following categories without charge. Check the appropriate box(es).

- | | |
|--|---|
| <input type="checkbox"/> Colgate Faculty Spouse (3) | <input type="checkbox"/> Colgate Staff (4) |
| <input type="checkbox"/> Colgate Alumnus/Alumna (7) | <input type="checkbox"/> Colgate Student (0) |
| Year Graduated _____ | <input type="checkbox"/> Hamilton College Student (18) |
| <input type="checkbox"/> Colgate Graduate Student (1) | <input type="checkbox"/> Hamilton College Faculty (23) |
| <input type="checkbox"/> Colgate Faculty (2) | <input type="checkbox"/> Herkimer CC, Lemoyne, SUNY Morrisville, SUNY Utica - Student (6) |
| <input type="checkbox"/> HS Student enrolled at Colgate (0) | <input type="checkbox"/> Herkimer CC, Lemoyne, SUNY Morrisville, SUNY Utica - Faculty (5) |
| Year Graduating _____ | |
| <input type="checkbox"/> Upstate Institute Lifelong Learning Prog. (5) | |

For Staff Use Only

Identification and address verification copied: NYS Driver's License College ID Other ID. Specify: _____

Fee Paid. Yes Exempt

Cash Check # _____

Staff Signature _____

Date _____