

Minuteman Uniform Registration Application

Please Print

NAME _____ / _____ / _____
(First) (Middle) (Last)

IN CARE OF (parent or other, if applicable - please print) _____

DATE OF BIRTH _____ M F College Student? _____

LOCAL MAILING ADDRESS

STREET _____

APT _____ P.O. BOX _____

TOWN/CITY _____

STATE _____ ZIP _____

HOME PHONE _____ / _____

OTHER PHONE _____ / _____

PERMANENT ADDRESS (if different from local)

STREET _____

APT _____ P.O. BOX _____

TOWN/CITY _____

STATE _____ ZIP _____

HOME PHONE _____ / _____

OTHER PHONE _____ / _____

If you would like to receive notification of items on hold and overdue materials via email:

EMAIL ADDRESS – Please print clearly! _____

ASK FOR A PIN (Personal Identification Number) if you would like access to your library account online

SIGNATURE _____

PARENT SIGNATURE (if applicable) _____

By signing above I acknowledge responsibility for all library materials borrowed by the above-named person

STAFF USE ONLY

Date _____ Staff Initials _____

Barcode _____ ID Checked _____

New Registration Change of Info Exp. Date, if different _____