

UNC-Chapel Hill Libraries + Page 1 + Borrower's Card Application

This is an application for a UNC Chapel Hill Library Borrower's Card. I will be responsible for all items checked out with the Card. I understand that the card must be used each time an item is checked out and is not transferable. I understand that the card is valid for one year, and there is a renewal fee. I will not dispose of the card. I understand that a new date sticker will be attached to it when I renew it for another year. A replacement fee will be charged for a lost or damaged Borrower's Card and I agree to notify the Library immediately if the card is lost or stolen to avoid fines and bills resulting from its use. I also agree to notify the Library of any change in my address or contact information.

I agree to return material promptly if recalled by the Library. I understand that I am subject to paying fines for overdue, lost, or damaged material in accordance with posted fine schedules and will pay such fines when levied. I am aware that unpaid bills for lost or missing library materials may be forwarded to the attorney General of the State of North Carolina or other state agencies for appropriate legal action and that my borrowing privileges may be suspended until overdue fines and lost bills are paid in full.

I understand that disclosure of my Social Security number is mandatory pursuant to the Federal Tax Reform Act of 1976: Public Law 94-455. The Social Security number may be used solely for mandatory North Carolina state tax administration purposes, including intercepting a tax refund due an individual in accordance with the North Carolina Setoff Debt Collection Act, N.C.G.S. Chapter 105A. I understand that to permit compliance with the law, the Social Security number may be furnished to other UNC Chapel Hill departments and to the N.C. Department of Revenue. I agree that all information provided on this application may be used for identification and collection purposes.

The Library must send all notices to you by surface mail or send all notices to you by email. If you choose to receive notices by email you will not receive paper copies of Library notices. I am requesting that all notices be sent to the email address I have provided.

I have read, understand, and agree to all of the conditions above:

Signature: _____ **Today's Date:** _____

Name: _____
 Last First Middle

Address: _____

City/State: _____ Zip Code: _____

Email Address: _____ Telephone: _____

PID/Barcode Number: _____

Social Security Number/Passport Number (*required only for patrons NOT affiliated with UNC*):

continued on next page

UNC-Chapel Hill Status	UNC-Chapel Hill Affiliation
<input type="checkbox"/> Distance Education	<input type="checkbox"/> AHEC
<input type="checkbox"/> Faculty	<input type="checkbox"/> Dentistry
<input type="checkbox"/> Fellow/Post Doc	<input type="checkbox"/> Medicine
<input type="checkbox"/> Grad/Professional Student	<input type="checkbox"/> Nursing
<input type="checkbox"/> Intern/Resident	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Staff	<input type="checkbox"/> Public Health
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> UNC Hospitals
<input type="checkbox"/> Visiting Faculty/Scholar	<input type="checkbox"/> North Carolina Resident
<input type="checkbox"/> Nonaffiliated	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Spouse/Partner of Faculty/Staff	
<input type="checkbox"/> Other (Specify):	

Library Use Only

pctype: _____ pcode3 _____ GAA Member _____

Issued By: _____ Date: _____ Expiration Date: _____

TRLN: August 31st
 Co-op: end of semester
 Nonaffiliated: year + month