



# APPLICATION FOR VISITING SCHOLAR LIBRARY CARD

TODAY'S DATE \_\_\_\_\_

VISITING SCHOLAR NAME \_\_\_\_\_

ID # \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_ EXPIRES \_\_\_\_\_

DATES OF VISITING APPOINTMENT \_\_\_\_\_ TO \_\_\_\_\_

USD AFFILIATION (e.g. DEPARTMENT, INSTITUTE) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**VISITING SCHOLARS MUST READ AND SIGN THE FOLLOWING:**

I agree to comply with the rules and regulations of the Copley Library and to be responsible for charges incurred for overdue, lost, or damaged material. In the event my card is lost or stolen, I understand that I am responsible for charges on it.

It is my responsibility to notify the library if I have a change of name or address; I understand there is no charge for recording the new information, and I will continue to use the same library card.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE FILLED OUT BY DEAN/DIRECTOR/CHAIR OF SPONSORING DEPARTMENT:**

I confirm that the individual listed above is affiliated with academic activities at the University of San Diego

NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR LIBRARY USE ONLY (P-TYPE=011 P-CODE= ) ATTACHED SPONSORSHIP LETTER Y N

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_ EMAIL | PHONE | IN PERSON | OTHER

ISSUED BY \_\_\_\_\_ ISSUED DATE \_\_\_\_\_ CARD EXPIRES ON \_\_\_\_\_

NOTES \_\_\_\_\_