

NORTHERN ILLINOIS UNIVERSITY LIBRARIES  
**APPLICATION FOR VISITOR LIBRARY CARD**  
**Standard Adult** (Age 18+)

Print *legibly*. Fill out **ALL** information, **Incomplete forms cannot be processed.**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street/Apt No. City State Zip Code

How many years at this address? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Area code

**CHECK ONE:** \_\_\_\_\_ **State Photo ID/Driver's License** # \_\_\_\_\_ \*

\_\_\_\_\_ **College/School Photo ID** # \_\_\_\_\_ \*

\*You must present Photo ID with Visitor Library Card when checking out books Verified/ID copied by staff \_\_\_\_\_

Employed by/Enrolled College/School \_\_\_\_\_ Address \_\_\_\_\_

**CONTACT PERSON (*must be different address than applicant*)**

Provide a CONTACT PERSON who will always know you and provide your forwarding address, if needed. This contact person should be an Illinois resident and a relative, family friend, etc., **NOT** a member of your household, roommates or fellow students.

Name \_\_\_\_\_  
Last First Relationship

Address \_\_\_\_\_  
Street/Apt No. \_\_\_\_\_  
City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ How many years has your  
Area code reference lived at this address? \_\_\_\_\_

I understand that materials I borrow with my NIU Visitor Library Card are my responsibility, that I will follow all Circulation policies, and report any change of name, address, etc., promptly to the Circulation Dept. at 815-753-9844 or [circulation\\_univ\\_libraries@niu.edu](mailto:circulation_univ_libraries@niu.edu).

Date \_\_\_\_\_ Signature \_\_\_\_\_

**LIBRARY USE ONLY**

Application Received by \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date \_\_\_\_\_ Friends of NIU Libraries \_\_\_\_\_

rb 06/2023