APPLICATION FOR VISITOR LIBRARY CARD
Standard Adult (Age 18+)

Print legibly. Fill out ALL information, including Social Security Number. Incomplete forms cannot be processed.

Note: A Social Security Number (SSN) is required by the State of Illinois in the event that we must bill you for lost or damaged items. SSNs are not added to your computerized patron record; the hard copy of your application (with SSN) is kept in a locked filing cabinet. Your Visitor Library Card application is shredded once your card expires.

Name ____________________________________________________________ ________________________

Last          First          Middle

Address ____________________________________________________________ ________________________

Street/Apt No.          City          State          Zip Code

How many years at this address? ______

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 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 (_______) ________________________

Area code

How many years has your 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.

Date ________________________ Signature ________________________________________________

-----------------------------------------------------------------------------------------------------------------------------

LIBRARY USE ONLY

Application Received by ________________________ Date ________________________

Expiration Date ________________________ Friends of NIU Libraries ______ rb 06/2023