

Guest Library Card Application

ELIGIBILITY: Faculty from WASC or SCELCL member institutions and pastors from churches located in Santee or El Cajon are provided library circulation privileges at no cost, but need to apply for a card. Persons who audit courses at SDC or SCS will be given circulation privileges until the end of the term for the audited course. Other groups that may apply for a guest library card are SDC and SCS alumni, SCATLA card holders, distance education students (with student ID), and local community users. Guest library cards will not be issued to anyone under 18 years of age. A librarian must review and authorize all applications.

COST: \$25 per year.

USER AGREEMENT: This guest library card may only be used by the person to whom it was issued. Up to three (3) items may be checked out for a three (3) week period with one (1) renewal allowed. Books must be renewed in person or by phone ON or BEFORE the due date. If books are three weeks overdue, the circulation privileges will be cancelled without refund. The library reserves the right to recall any items before their due date. Guest library card holders agree to pay all replacement costs for lost/damaged library books within 3 weeks of due date. Guests must agree to give prompt notice of any change of address, phone number, or of card loss.

CONTACT INFORMATION (please print):

NAME: _____
 First Middle Last

ADDRESS: _____
 Number Street Name Apt #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ home work cell PHONE: () _____ home work cell

EMAIL: _____

Please check category:

- | | |
|---|--|
| <input type="radio"/> WASC / SCELCL faculty ____ | <input type="radio"/> Community user ____ |
| <input type="radio"/> SDC graduate ____ OR SCS graduate ____ | <input type="radio"/> SCATLA card ____ OR Distance Ed student ____ |
| <input type="radio"/> Santee/El Cajon pastor ____ | Institution _____ |
| Church _____ | Student ID# _____ |
| <input type="checkbox"/> Santee <input type="checkbox"/> El Cajon | |

ACCEPTANCE OF RESPONSIBILITY: I agree to abide by the library policies stated above. I will be responsible for materials borrowed on my guest library card and agree to pay overdue costs or replacement costs of lost/damaged materials. I understand that SDC or SCS has the right to recall an item before the due date. I will report a lost/stolen card or any change of address.

Signature of Applicant: _____ Date: _____

FOR STAFF USE ONLY:

Address Verified: Y N Payment: Cash _____ Check #: _____

Barcode #: _____ Record Created: Y N Date Card Mailed: _____

Librarian Approval: Y N Initials: _____ Date: _____ Card Cancellation Date/Reason: _____