## The Libraries of San Diego Christian College & Southern California Seminary



## **Guest Library Card Application**

**ELIGIBILITY**: Faculty from WASC or SCELC member institutions, pastors from churches located in Santee or El Cajon, and those eligible through the reciprocal borrowing programs (ATLA, SCATLA, and ACL) 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, 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.

NAME:						
	First		Middle		Las	t
ADDRES	S:					
	Number Street	Name				Apt #
CITY:		STATE:			ZIP CODE:	
PHONE:	( )	□ home □ work □ cell	PHONE:	(	)	□ home □ work □ cell
EMAIL:						
Please o	check category:					
0	WASC / SCELC faculty	0	Reciprocal Borrowing Program			
0	SDC graduate OR SCS graduate		ATLA _	SCATLA	ACL	
0	🛛 Santee / 🖾 El Cajon pastor		0	Distan	ce Ed student	
	Church			Institut	tion	
0	Community user			Studen	t ID#	

**CONTACT INFORMATION** (please print):

**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 Pay	ment: Cash Check #:				
Barcode #:	Record Created: Y N	Date Card Mailed:			
Librarian Approval: Y N Ir	itials: Date:	Card Cancellation Date/Reason:			
Part III.3.2a Library Card Applicatio	n Created on 8/15/2005; Revised 8/27/2	009; 3/30/2011; 3/3/2014; 3/13/2018.			