The Libraries of San Diego Christian College & Southern California Seminary



Guest Library Card Application

ELIGIBILITY: Faculty from WSCUC 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 SDCC 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 SDCC 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 after due date. Guests must agree to give give prompt notice of any change of address, phone number, or of card loss.

CONTACT INFORMATION	ON (please print):						
NAME: First		Middle			Last		
ADDRESS:							
Number	Street Na	ne				Apt #	
CITY:		STATE:		ZIP CODE:			
PHONE: ()			PHONE:	()	□ home □ work □ cell	
Please check category:							
 Santee / El Caj Church Community us ACCEPTANCE OF RESI materials borrowed or materials. I understand	e OR SCS graduate jon pastor ser PONSIBILITY: I agree to all n my guest library card and d that SDCC or SCS has the	oide by th d agree to	pay overd	Atla Distance E Institution Student II policies statue costs on	replacement costs	ACL	
card or any change of a	address.						
Signature of Applicant:				Date:			
FOR STAFF USE ONLY:							
Address Verified: Y	N Payment: Cash Che	eck #:					
Barcode #:	_ Record Created:	Y N	Date	e Card Mail	ed:		
Librarian Approval: Y N Initials: Date:			Car	Card Cancellation Date/Reason:			