



One University. A World of Experiences.

LEWIS J. ORT LIBRARY
FROSTBURG STATE UNIVERSITY
1 SUSAN EISEL DRIVE
FROSTBURG, MD 21532
Telephone: (301) 687-4395
Email: circulation@frostburg.edu

NEW LIBRARY PATRON REGISTRATION FORM

PATRON INFORMATION (To be filled in by applicant)

LAST NAME [grid] FIRST NAME [grid] MI [grid]

FSU ID # (7 digits - Peoplesoft #) [grid] EMAIL ADDRESS [grid]

LOCAL MAILING ADDRESS

STREET \_\_\_\_\_ CITY \_\_\_\_\_
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PERMANENT MAILING ADDRESS (if different from Local Mailing Address)

STREET \_\_\_\_\_ CITY \_\_\_\_\_
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Computer Use Agreement for Guest Logins

- 1. I understand that the user ID's and passwords issued to me are confidential and non-transferable. I also understand that I may be held responsible for their misuse.
2. I do further agree that I will promptly and fully disclose to the Library Director, Library staff, and/or the Office of Information Technology any breach of security associated with my guest login.
3. I understand that the Ort Library does NOT filter or block the contents of the internet.
4. I understand that my guest login is for use in the Library only and will expire at closing time on the date it is issued.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LIBRARY USE ONLY (To be filled in by Library Staff)

LIBRARY ID # (14 digits - Library Barcode) [grid]

CAMPUS AFFILIATION: [ ] FSU [ ] OTHER \_\_\_\_\_

FORM OF IDENTIFICATION USED: \_\_\_\_\_

PATRON TYPE:

- [ ] FACULTY [ ] STAFF
[ ] UNDERGRAD [ ] GRAD STUDENT
[ ] FSU RETIREE [ ] FSU ALUMNI
[ ] FSU EMERITUS [ ] TLC-STUDENT
[ ] COMMUNITY [ ] COMMUNITY FACULTY

Institution \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_
DATE PROCESSED: \_\_\_\_\_