**Section 3010.EXHIBIT D Illinois State Library Card Application Form: Regular Card**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ILLINOIS STATE LIBRARY**  **CIRCULATION**  **300 S. SECOND ST.**  **SPRINGFIELD IL 62701-1796** | | | | | | | | | | | | | | | | | | |
| **ILLINOIS STATE LIBRARY CARD APPLICATION FORM − REGULAR CARD** | | | | | | | | | | | | | | | | | | |
| DATE | |  | | NAME |  | | | | | | | | | | | | |  |
|  | |  | |  | (last) | | | | (first) | | | | | (m.i.) | | | |  |
| **AGENCY INFORMATION** | | | | | |  | **HOME ADDRESS INFORMATION** | | | | | | | | | | | |
| AGENCY | | | | | |  | STREET | | | | | |  | | | | | |
| DIV. | | | | | |  | CITY | | | | | |  | | | | | |
| ROOM # | | | | | |  | STATE | | | | | |  | | | | | |
| STREET | | | | | |  | ZIP | | | | | |  | | | | | |
| CITY | | | | | |  | PHONE | | | | | |  | | | | | |
| ZIP | | | | | |  | **PLEASE CHECK TYPE OF EMPLOYMENT:** | | | | | | | | | | | |
| PHONE | | | | | |  |  | Full time | |  | |  | | | | | | |
| FAX | | | | | |  |  | Contractual | | Ending Date | |  | | | | |  | |
| EMAIL | | | | | |  |  | Temporary | | Ending Date | |  | | | | |  | |
| **STAFF USE ONLY: GOVERNMENT AFFILIATION** | | | | | |  |  | Intermittent | | Ending Date | |  | | | | |  | |
| 1.  GS  2.  GV  3.  LS | | | | | |  |  | Other | | Ending Date | |  | | | | |  | |
|  |  |  | |  | |  | | | | |  | |
|  | **STAFF USE ONLY** | | | | | | | | | | | |
|  | Library Card Expiration Date: | | | | | | | | | | | |
| I HEREBY PROMISE TO ASSUME FULL RESPONSIBILITY FOR ANY LIBRARY MATERIALS BORROWED ON THIS CARD. I WILL RETURN THE MATERIALS ON OR BEFORE THE DATE DUE, PAY RETURN POSTAGE OR EXPRESS, AND PAY FOR ANY LOSSES OR DAMAGES. ALL PATRON RECORDS ARE KEPT STRICTLY CONFIDENTIAL. | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | Check this box in lieu of signature to submit application electronically | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **STAFF USE ONLY** | | | | | | | | | | | | | | | | | | |
| Barcode |  | | | | | | | | | | Staff Initials | | | |  | | | |
| This application is subject to review by the Illinois State Library Circulation Staff. Applicant will be contacted for further information if necessary. | | | | | | | | | | | | | | | | | | |

(Source: Amended at 36 Ill. Reg. 3217, effective February 16, 2012)