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

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| **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. [ ]  GS2. [ ]  GV3. [ ]  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)