Arizona State Schools for the Deaf and the Blind/Tucson campus
Community Borrower Application for Library Card

Name_____

Address_____

City/State_____Zip_____

Telephone_____

E-mail address_____

Personal Reference

Name_____

Address_____

Telephone_____

Relationship_____

Check one:

_____Relative of ASDB student/Student name: _____

_____Volunteer/Campus location: _____

_____Pima Community College teacher/PCC phone # _____

_____University of Arizona teacher/UA phone # _____

_____Other_____

I agree to return materials borrowed on time. If I should damage or lose any materials, I will pay for them.

Signature_____Date_____