Staff/Teacher Application for ASDB Library Card

Name _____

Address _____

City/State _____Zip_____

Telephone _____

E-mail address _____

Tucson Campus Address

Building _____

Room Number _____

Telephone Extension _____

Regional Cooperative (check one)

SER _____
SWR _____
NCR _____
DVR _____
EHR _____

Regional Cooperative office phone number _____

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

Signature _____Date _____