

Date: _____
Staff Initials: _____



This application is:
 Update Existing Card
 New Library Card

LIBRARY CARD APPLICATION

PLEASE PRINT

NAME: _____
Last First Middle

STUDENT ID (10 digit # - Required) _____

_____ Mailing Address

_____ Physical Address (If Mailing is P.O. Box)

_____ City

_____ Zip Code

NOTIFY ME BY: E-MAIL (REQUIRED) _____
HOME PHONE: _____

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- GBC Student GBC Adjunct GBC Faculty (Faculty and Adjunct must show GBC employee ID card)
- School District Teacher (List County) _____
- GBC Staff (Must show current GBC Employee Card)
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P Type	Milcirc	Loan Period
GBC Student	22	4 Weeks
GBC Faculty	50	Semester
GBC Staff	51	4 Weeks
GBC Adjunct	52	4 Weeks
School Teachers	54	2 Weeks