



# Smithsonian Libraries

## BORROWING REGISTRATION/AUTHORIZATION FORM



\*\* Have you held a SI Library card previously?  Yes  No

**PLEASE PRINT**

Name \_\_\_\_\_ Full SI Badge # \_\_\_\_\_  
Last First MI

SI Address \_\_\_\_\_ SI Phone \_\_\_\_\_  
Department/Office Bldg. abbreviation, room number and MRC number

Local Home Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Street City State Zip

Distant Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Primary (SI) E-mail address \_\_\_\_\_ Secondary E-mail address \_\_\_\_\_

University/Institutional affiliation \_\_\_\_\_ SI Badge expiration date (non-permanent staff) \_\_\_\_\_

**BORROWER CATEGORIES** - Please check appropriate line \*PERMANENT SI/AFFILIATED STAFF SPONSOR REQUIRED

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Permanent SI Staff | <input type="checkbox"/> Permanent affiliated agency staff | <input type="checkbox"/> Emeritus staff  | <input type="checkbox"/> Long term temporary staff >2 years* | <input type="checkbox"/> Temporary SI/affiliated*           |
| <input type="checkbox"/> Intern*            | <input type="checkbox"/> Fellow*                           | <input type="checkbox"/> Docent*         | <input type="checkbox"/> Contractor*                         | <input type="checkbox"/> Special Borrower/Visiting Scholar* |
| <input type="checkbox"/> Volunteer*         | <input type="checkbox"/> Consultant*                       | <input type="checkbox"/> Design student* | <input type="checkbox"/> Research associate*                 |   |

**BORROWER'S PLEDGE**

I agree to abide by SIL regulations as listed on my library card. I am responsible for all materials I borrow and will not allow anyone to use them without being recharged properly. I will report lost items immediately to the SIL. I am financially liable for the repair of damaged material or for replacement plus a fee (\$50) towards the cost of processing a replacement order.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Barcode [Library Use Only] \_\_\_\_\_

**PERMANENT SI/AFFILIATED STAFF SPONSOR**

I accept responsibility for ensuring that library materials borrowed by the applicant will be returned before his/her departure and that any fines or charges will be paid if library materials are lost or damaged.

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Name (Please print) \_\_\_\_\_ SI address \_\_\_\_\_ SI phone number \_\_\_\_\_

Sponsor signature ----- Date -----

*In accordance with the American Library Association's (ALA) library user privacy guidelines, the Smithsonian Institution Libraries (SIL) will make every effort to protect users' circulation activity from any external organization or individual requesting such, except pursuant to law. Personal data collected by SIL will not be disclosed except where required by law.*

Completed by SIL Staff \_\_\_\_\_ Date \_\_\_\_\_