CLAYTON STATE UNIVERSITY *Library*

COMMUNITY USER BORROWER'S APPLICATION

Last Name _____   First Name _____   Birth year _____

Street Address _____

Mailing Address (if different from Street Address) _____

City _____   State **GA**   Zip code _____

Phone _____   Email Address _____

User Type   ☐ alumni   ☐ retiree (non-emeritus status)   ☐ retiree (emeritus status)
     ☐ community   ☐ continuing education*   ☐ USG/eCore student**

NOTE: ALL INFORMATION INCLUDING EMAIL AND PHONE IS REQUIRED TO OBTAIN A BORROWER'S CARD
NO EXCEPTIONS!

Community users desiring to apply for a Community Borrower's card **MUST MEET AND AGREE** to **ALL** of the following:

- Must present valid government issued photo identification.
- Must be 18 years or older (*Note:* Excludes CSU affiliates)
- Must live in one of the 10-county service areas identified (*Note:* Excludes CSU affiliates)
- May check out up to 5 books at a time for a period of 28 days with no renewals
- Can obtain library guest username/password for computer usage
- Can use scanners, microfilm reader printer, and other library equipment except laptops
- Can print after purchasing community printing card and loading card with funds
- Can save and email documents
- Not eligible for ILL, GIL Express, or remote GALILEO$^+$ use except in special cases
- Will be charged a replacement fee for each book that is more than 28 days overdue or lost
- Pay $10 replacement cost if card is lost or damaged. No refunds issued if old card is found.
- Card must be renewed annually every 365 days

CSU affiliates are alumni, retirees, and continuing education students.
Non-CSU affiliates are community members residing on the 10-county service area

* Continuing education students may show a current CE course receipt for a borrower's card.
** USG/eCore students must provide their home institution email address NOT a personal email address
$^+$ Only retired faculty with emeritus status may access GALILEO remotely.

Applicants must agree to adhere to all library policies. Any violations will result in the permanent loss of all library privileges.

Applicant Signature _____   Date _____

10-County Service Area (Staff--please circle county) *Note: Applies to community users only*	
Clayton	Fulton
Cobb	Gwinnet
Coweta	Henry
Dekalb	Newnan
Fayette	Rockdale

Date Approved _____   **Library Personnel Name** _____   **ID Verified** Y/N   **Initial** _____
Date Renewed _____   **Library Personnel Name** _____   **ID Verified** Y/N   **Initial** _____

GSC Barcode Number Assigned ___BC0000_____ **(Write last 3 digits of card on the line to the left)**