Borrowing Privileges Application
for State Employees, UC and CSU Employees, State Employee Union Representatives, and Capitol Press Corps

You may return this completed form in person, by fax, or by mail. If you return it by fax or mail, your library card will be mailed to your office address.

In Person:  
California State Library  
914 Capitol Mall, 3rd Floor  
Sacramento CA 95814

Fax:  
(916) 323-9768

Mail:  
California State Library  
PO Box 942837  
Sacramento CA 94237-0001

For answers to questions about this application or about borrowing policies, call (916) 654-0261 between 9:30 a.m. and 4:00 p.m., Monday through Friday, or e-mail cslinfo@library.ca.gov. Please see the back of this form for additional information about this application and about your account at the California State Library.

Name (last, first, middle) ____________________________________________________________

Home address ________________________________________________________________

City ______________________________________ State _______ Zip ____________

Home phone ______________________ (Telephone 1)

State Agency/Dept/Office  
(If you are a member of the Capitol Press Corps or a State Employee Union Rep, enter your employer's name instead.)

Work address ____________________________________________________________________

City ______________________________________ State _______ Zip ____________

Work e-mail ________________________________________________________________

Work phone ______________________ (Telephone 1)  Fax (optional) ______________________ (Telephone 2)

State board members: Enter the expiration date of your appointment: ______________________

I agree to be responsible for California State Library materials while I view them; to pay for any materials I lose or damage; to give prompt notice of a change in my name or address; and, to abide by the rules and policies of the California State Library.

_____________________________   ___________________
Signature        Date

For official use only

State ID viewed _____________(initial)  
DL viewed _____________(initial)
The information requested in this application pertains to eligibility for and establishment of borrowing privileges from the California State Library as delineated in sections 19300-19334 of the California Education Code and sections 20000-20050 of Title 5, California Code of Regulations. All of the information requested is required, except for those lines that are labeled optional. The required information is essential to ensure that the California State Library can contact borrowers. Complete and accurate reporting of the requested information, and the display of proper identification at the time of application, will speed the granting of borrowing privileges.

All information on this application remains confidential as outlined in California State Executive Order No. B-22-76 and Section 6267 of the California Government Code. Individuals are entitled to inspect information contained in their records during regular business hours.

Borrowers are responsible for all material checked out, for payment of three times the value for any unreturned material, for payment for any damaged material, for reporting immediately a lost or stolen card, and for giving prompt notice of name or address changes.

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For official use only

<table>
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<td>Patron status</td>
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<td>04 (UC or CSU employee)</td>
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<td></td>
<td>10 (Capitol Press Corps)</td>
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<td>11 (State employee union representative)</td>
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<td>Language</td>
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<td>Registration date</td>
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CSL Form No. SLSP030.001 (Rev 4/2010) (PINK) OVER