



**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  
900 N Street, Room 100  
Sacramento CA 95814

**Fax:**  
(916) 654-1218

**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 [csinfo@library.ca.gov](mailto:csinfo@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.

*For official use only*

**Global patron information:**

Patron sublibrary      CSL50  
Patron status          \_\_\_ 01 (State employee)  
                              \_\_\_ 04 (UC or CSU employee)  
                              \_\_\_ 10 (Capitol Press Corps)  
                              \_\_\_ 11 (State employee union representative)

**Library card number:**

\_\_\_\_\_

Language              Eng

Home library          \_\_\_\_\_

**Local patron information:**

Registration date      \_\_\_\_\_

Registered by \_\_\_\_\_(initial)