

CALIFORNIA STATE UNIVERSITY, STANISLAUS

High School Student Application for Library Borrowing Privileges

Student

Name: _____ Social Security No.: _____
(Last) (First) (Middle Initial)

Address: _____ Phone: _____
(Number) (Street) (Apartment) (City) (Zip)

Library Research Topic: _____

"If granted library borrowing privileges at CSU Stanislaus, I agree to be responsible for return or replacement of all items borrowed."

(Signature of Student)

(Signature of Parent or Guardian)

High School Library

Date _____

Sources checked by referring high school library: _____

Remarks: _____

Referred by: _____
(Signature of School Librarian or Library Staff Member) (Position) (High School)

[Nearest] Public Library

Date _____

Additional sources checked by public library: _____

Remarks: _____

Referred by: _____
(Signature of Librarian or Staff Member) (Position) (Public Library)

- A high school student who is recommended by the librarians at the student's school and public libraries will be granted borrowing privileges at the CSU Stanislaus library for one semester for a semester charge of \$15.
- This form is valid only if presented within two weeks after date signed by School Librarian or Library Staff member.