



HIGH SCHOOL Special Privilege Registration

The High School Special Privileges card is available to area high school students whose research requires access to the University Libraries' collection. Referral by the high school librarian is required and indicates that the student has exhausted the resources of his or her high school library. For students under the age of 18, parental approval is required. This approval indicates parental willingness to assume financial responsibility for all fines and fees accrued by the student. It also indicates that the parent or guardian acknowledges his or her child will be using the University Libraries. ******PLEASE PRINT CLEARLY******

Name _____ Date of Birth _____
(Last, First, MI)

Street Address _____ City, State, Zip _____

Phone # _____ Email Address _____

Name of School _____

School Librarian's Signature _____ School Library # _____

To ensure satisfactory use and service, please observe the following library policies:

- Your card is good for one year and is renewable
- You may check out up to 5 books.
- You must present your Special Privilege card to check out books.
- The loan period for books is 14 days.
- Books may be recalled for use by another patron after 7 days.
- You are personally and financially responsible for materials charged on your Special Privilege Card. If you lose your card, please notify us immediately.
- There is a \$10 replacement fee for card.
- Fines will accrue at the rate of 25 cents per day per book for 14 days.
- After 14 days, the borrower will be charged a \$7.50 overdue fine, plus the replacement cost of the material and a non-refundable \$10 processing fee per item.
- This card is not transferable.
- Failure to abide by these provisions will result in the cancellation of your card.

Your signature on this application and use of our University Libraries' Special Privilege Card indicates that you have read this information and agree to abide by the provisions.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

-Staff Use Only-

HSSP Barcode: _____ Expiration Date _____ Staff Initials _____