

Community Borrower's Permit

STAFF USE ONLY

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Do you have a current or past affiliation with the University of Iowa (student, staff, faculty)?
 Yes No

Name (please print) _____
Last First Middle

E-mail address _____

Phone _____

Residing address _____
Street

_____ City State Zip

Name of county (if you are an Iowa resident) _____

Permanent address (if your residing address is temporary)

_____ Street

_____ City State Zip

For what length of time do you request this permit? (up to one year) _____

Institutional affiliation
 Are you enrolled in a course or employed by another educational institution Yes No
 If yes, what institution? _____

University of Iowa sponsored workshop, institute or other UI sponsored activity
 Name of activity _____
 Sponsoring Department _____
 Name of person in charge of activity _____
 Date activity ends _____

I understand that materials to be borrowed with this permit are for my personal use and are not to be loaned by me to others.
 I agree to abide by the policies of the University of Iowa Libraries
 Applicant signature _____

Library use only (please print)
 Name _____
Last First Middle
 Library/University ID# _____

Renewal _____
 Renewal _____
 Renewal _____
 Original _____
 Patron Category _____
 Issued by _____
 Date Issued _____
 Expires _____