

CCF Alumni Library Account – REGISTRATION

PLEASE, PRINT CLEARLY, SIGN, & FAX with copy of CCF ID BADGE to 216-444-0271

Employee Number: _____

Name: _____
Last Name: _____ First Name: _____ Dr. Miss Mr. Mrs. Ms.
(circle your choice)

E-mail address _____
(this is where your overdue notices will be sent; please print clearly!)

CCF Department: _____ MailCode (or mailbox): _____

CCF Extension: _____ Pager: _____

Home (permanent) address: _____
Street address

City/State _____ ZIP
(_____) _____
Phone Number

I understand that I am responsible for returning or renewing all materials checked out to me by the date they are due. I am responsible for any overdue fines on materials checked out to me, and I UNDERSTAND THAT THE COST OF UNRETURNED MATERIALS MAY BE DEDUCTED FROM MY PAYCHECK. I agree to update the above information if it changes, and to check out with the Library when I leave CCF employment.

Signature: _____ Date: _____

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LIBRARY STAFF USE ONLY: M F **(ALWAYS photocopy ID badge)**

Does patron already have a Ill record? yes no not sure/questions

Patron Category (Ptype): _____ **Expiration Date:** _____
(Circulation staff will assign)

Notes:

Library staff taking information: _____ Data input on: _____ By: _____