Southern California Seminary

Guest Library Card Application

ELIGIBILITY: Faculty from WSCUC or SCELC member institutions, pastors from churches located in Santee or El Cajon, and those eligible through the reciprocal borrowing programs (Atla, SCATLA, and ACL) are provided library circulation privileges at no cost but need to apply for a card. Persons who audit courses at SCS will be given circulation privileges until the end of the term for the audited course. Other groups that may apply for a guest library card are SCS alumni, distance education students (with student ID), and local community users. Guest library cards will not be issued to anyone under 18 years of age. A librarian must review and authorize all applications.

COST: $25 per year.

USER AGREEMENT: This guest library card may only be used by the person to whom it was issued. Up to three (3) items may be checked out for a three (3) week period with one (1) renewal allowed. Books must be renewed in person or by phone ON or BEFORE the due date. If books are three weeks overdue, the circulation privileges will be cancelled without refund. The library reserves the right to recall any items before their due date. Guest library card holders agree to pay all replacement costs for lost/damaged library books within 3 weeks after due date. Guests must agree to give give prompt notice of any change of address, phone number, or of card loss.

CONTACT INFORMATION (please print):

NAME: _____
First Middle Last

ADDRESS: _____
Number Street Name Apt #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ ☐ home ☐ work ☐ cell PHONE: (_____) _____ ☐ home ☐ work ☐ cell

EMAIL: _____

Please check category:

- WSCUC / SCELC faculty ___
- SCS graduate ___
- Santee / El Cajon pastor ___
  Church _____
- Community user ___
- Reciprocal Borrowing Program
  Atla ____ SCATLA ____ ACL ____
- Distance Ed student ____
  Institution _____
  Student ID# _____

ACCEPTANCE OF RESPONSIBILITY: I agree to abide by the library policies stated above. I will be responsible for materials borrowed on my guest library card and agree to pay overdue costs or replacement costs of lost/damaged materials. I understand that SCS has the right to recall an item before the due date. I will report a lost/stolen card or any change of address.

Signature of Applicant: _____ Date: _____

FOR STAFF USE ONLY:

Address Verified: N Payment: Cash ____ Check #: _____

Barcode #: _____ Record Created: N Date Card Mailed: _____

Librarian Approval: N Initials: _____ Date: _____ Card Cancellation Date/Reason: _____