

## **APPLICATION FOR TEXSHARE CARD**

Fax # 972/686-5567

First Name	Middle Initial	Last Name
AUID #	Phone Numl	per
Address:(Street)		
(City, State)		(Zip)
Check one:Undergraduate Student	Graduate Studen	tFaculty
Course & Section No		
1. The card must be presented each time ma 2. The card holder should utilize his/her own 3. The lending library sets the rules for the card holder is responsible for borrows 5. The lending library may choose to arrang 6. Delinquencies will be reported to the card 7. Cards will not be reissued to borrowers will 8. The card holder is responsible for repair a	aterials are borrowed. In library before requesting card's use. In library before requesting card's use. In library loan rather is a library, a library, a library, a lith poor records.	g service elsewhere. e returned to the lending library. than loan directly to the card holder. nd sanctions will be imposed by that institution.
I agree to observe all rules, regulations, and guideli	ines as stated above.	
Signature:		Date:/
Hold card for pick up Mail card to me	e	
FOR LIBRARY USE: Date Issued		For Amberton University