

# NYSL Borrower's Card Application for a NYS Government Employee

This application is a fill-in PDF form. You can complete the form by tabbing through the fields and entering the data. (You can save a copy of the completed form on your computer by using the "Save As" feature.) Please print the completed application and sign your name at the bottom of the form. If you prefer, you can print out the form and complete it entirely by hand.

The completed application, **along with your proof of status and personal identification**, can be mailed, faxed, e-mailed or submitted in person to:

Circulation Unit, 7<sup>th</sup> floor  
 New York State Library  
 Cultural Education Center  
 Albany, New York 12230

Fax number: (518) 474-5279

E-mail address: nyslcirc@nysed.gov

Photocopies or scans are acceptable when mailing, faxing or e-mailing your information.

Choose a PIN – a PIN can be from 1 to 10 characters in length and consist of any combination of letters and numbers.

Any questions? Call the Circulation Unit at (518) 473-7895.

8/2009 C. Janowsky

<b>New York State Library Permanent New York State Employee Borrower's Application</b>				<b>Patron ID number (Office Use Only)</b>		
<b>Name</b>	<b>Last</b> _____		<b>First</b> _____		<b>Middle Initial</b> _____	
	<b>Agency</b>				<b>Job Title</b> _____	
<b>Agency Name</b> _____						
<b>Bureau or Division</b> _____						
<b>Work Address</b> _____						
<b>City</b> _____		<b>State</b> _____	<b>Zip Code</b> _____		<b>PIN</b> _____	
<b>Business Phone</b> _____		<b>Fax</b> _____	<b>E-mail</b> _____			
<b>Home Address</b>	<b>Street</b> _____					
	<b>City</b> _____			<b>State</b> _____	<b>Zip Code</b> _____	
	<b>Home Phone</b> _____		<b>Home E-mail</b> _____			
In applying for borrowing privileges with the State Library, I agree to OBSERVE the Library's rules, take proper care of materials lent to me, RETURN them when due, and PAY promptly for any lost or damaged while in my possession. I understand that I will be responsible for any materials borrowed on my card. I understand also that my privileges will be canceled if I fail to abide by these agreements or leave State service.						
<b>Signature</b> _____				<b>Registration Date (Office Use Only)</b> _____		