

High School Student Application for Hayden Memorial Library at Citrus College

Last Name, First Name

Today's Date

Address

City

State

Zip

Email Address

Issue Date

Parent or Guardian Name

() _____
Home Phone

() _____
Cell Phone

Exp. Date

High School Name

Applicant's Signature

Authorization: By signing below I certify that the student listed above is enrolled in the _____ grade at the high school listed above and will benefit from being granted borrowing privileges at the Citrus College Library.

Principal or other Administrator Signature

High School Librarian Signature

Citrus College Library Files checked _____ (Staff Initials)

Approved _____ (Staff Initials)

Library Card Number _____ Instruction Sheet Given _____ (Staff Initials)

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