Print Form Clear Form

Kenai River Campus
Library Card Application

Basic Information

First Name: _____ Middle Initial:_____

Last Name:_____

Student ID #: _____

Enter a Four Digit Pin # _____

Please Check One: KPC Student ☐ KPC Faculty ☐ KPC Adjunct ☐ KPC Staff ☐ Public ☐

Mailing Address

Street: _____ Apt#:_____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Contact Me

Email: _____

Phone: _____

Read and Sign

This card is not transferable. The signer agrees to return all material borrowed on or before the due date and to pay the replacement cost for any materials, lost, stolen or damaged while in the custody of the signer.

I agree to report a lost card or change of address. I agree to pay all charges on my account and observe all library policies and use standards.

Signature: _____ **Date:** _____

Last Name: _____ First Name: _____

Office Use Only

Copy Student ID Here.

Remarks: _____

Date Entered:_____Initials: _____

KENAI PENINSULA COLLEGE
UNIVERSITY OF ALASKA ANCHORAGE