



Circulation Department  
**PATRON REGISTRATION FORM**

Please print legibly. All fields required.

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Birth Date: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Student \_\_\_\_\_ Administration \_\_\_\_\_ Faculty, Full Time \_\_\_\_\_

Faculty, Part time \_\_\_\_\_ Staff \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Program: \_\_\_\_\_ Campus: ( Brooklyn/Westchester)

STAFF USE ONLY:

BARCODE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_