

## Special Patron Application

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

### Terms and conditions:

- I will pay for borrowing privileges lasting 3 months or one year. The fee for privileges may be waived if I have contributed to the University Libraries or the university recently (see below).
- I will present my Special Patron library card whenever I borrow books. I understand that Special Patron privileges are limited to borrowing from the regular circulating collection. I may have up to 10 books checked out at a time. Loans are 30 days, no renewals. Books are subject to immediate recall if needed by another user.
- I will pay any fines incurred for overdue books or costs to replace lost or damaged books. Overdue fines are \$.25 per day per book, up to \$40.
- I will not give my Special Patron library card to anyone else to use.
- I understand that CMU Libraries reserves the right to revoke my borrowing privileges without refund if I violate these terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check one and enclose payment as indicated:

\_\_\_\_\_ 3-month borrowing privileges; \$25.

\_\_\_\_\_ 1 year borrowing privileges; \$50. CMU alumni only.

Graduation year \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ 1 year borrowing privileges; \$75.

\_\_\_\_\_ A tax deductible donation of \$100 or more to CMU Libraries with a check made out to *Friends of the University Libraries*.

\_\_\_\_\_ I have contributed \$100 or more to CMU Libraries within the last 12 months. Waive application fee.

\_\_\_\_\_ I have contributed \$250 or more to the University within the last 12 months. Waive application fee.

Send completed application and payment to:

CMU Libraries Access Services, ATTN Hunt Library Circulation, 4909 Frew Street, Pittsburgh PA 15213-3890

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### Staff Use

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Payment enclosed \$ \_\_\_\_\_

Status Verified by \_\_\_\_\_ Patron Data Input by \_\_\_\_\_ Date \_\_\_\_\_

Card Expires Date \_\_\_\_\_ Card: Given / Mailed by \_\_\_\_\_ ID # \_\_\_\_\_