

NYSL Borrower's Card Application for Attorney, Physician or Municipal Historian

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, 7th floor
New York State Library
Cultural Education Center
Albany, New York 12230

Fax Number: (518)474-5279
E-mail: 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.

New York State Library Attorney, Physician or Municipal Historian Borrower's Application				Patron ID Number (Office Use Only)		
Name	Last Name		First Name		Middle Initial	
Home Address	Street			City	State	
	Zip Code	Home Phone	Home E-mail			
Work Address	Firm or Office Name					
	Work Address					
	Profession <input type="checkbox"/> Attorney <input type="checkbox"/> Physician <input type="checkbox"/> Municipal Historian				PIN	
	City	State	Zip Code	Fax		
	Work Phone		E-mail			
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 that are lost, damaged or overdue 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.						
Signature				Registration Date (Office Use Only)		