



ATTN: CIRCULATION
 2500 California Plaza
 Omaha, NE 68178
 (402)280-5109

APPLICATION FOR GUEST CARD

(SHADED FIELDS ARE REQUIRED)

In order for your application to be processed, this **form must be filled out completely**

LAST NAME	FIRST NAME	MI	CU NetID
DRIVERS LISCENSE/STATE ID NUMBER	ISSUING STATE	DATE OF BIRTH	EXPIRATION DATE
HOME ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	EMAIL ADDRESS		
NAME OF EMPLOYER	JOB TITLE		
DEPARTMENT	DEPARTMENT PHONE		
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
ARE YOU ASSOCIATED WITH CREIGHTON UNIVERSITY?	YES <input type="checkbox"/>	IF YES SEE BELOW	NO <input type="checkbox"/> IF NO COST OF CARD IS \$30 PER YEAR
<u>IF YOU ARE ASSOCIATED WITH CREIGHTON UNIVERSITY, PLEASE CHECK APPPROPRIATE BOX</u>			
<input type="checkbox"/> SECONDARY FACULTY (Please indicate associated Creighton Dept) _____ <input type="checkbox"/> ALUMNI (Please list year of graduation) _____ <input type="checkbox"/> RETIRED FACULTY <input type="checkbox"/> CHI HEALTH CUMC HOSPITAL EMPLOYEE (must present CUMC identification) <input type="checkbox"/> TEMPORARY STAFF/STUDENT (please indicate end date of program) _____ <input type="checkbox"/> RESIDENT/FELLOW (please indicate end date of appointment) _____ <input type="checkbox"/> OTHER: PLEASE SPECIFY _____			
SIGNATURE	DATE		
THIS SECTION TO BE COMPLETED BY HEALTH SCIENCES LIBRARY			
<input type="checkbox"/> Primary <input type="checkbox"/> Alumni <input type="checkbox"/> Guest		BARCODE:	
DATE ENTERED:		EXP DATE:	