

MCPS Patron Registration Form

* Last Name: _____	* First Name: _____	* Middle Name: _____
--------------------	---------------------	----------------------

* Suffix Name (circle one): II III IV V Jr. Sr. None

* MCPS Employee ID: _____

Status

Special Borrower: CPMCPs Services Below require ID Card

K-12 Faculty/Staff Library Services

Address Information

Home Address:

* Street: _____

* City: _____ * State: _____ * Zip: _____ * Home Phone: _____

School/;Office Address:

* School/Office Name: _____ * MCPS Email Address: _____

* Street: _____

* City: _____ * State: _____ * Zip: _____ * School Phone: _____

By my signature, I agree to the UMD Libraries Borrowing Policies at <http://www.lib.umd.edu/shadygrove/mcpspatrons.html>

* Signature _____
Date

For USG Staff only

Barcode (14- digits) _____ Expiration Date ____/____/____ * Required Fields

Patron ID _____