

SOUTH TEXAS COLLEGE Application for TexShare Card

I apply for the right to use a Texshare card and promise to comply with all its rules, to take care of all the books I borrow, to return the books when due, to promptly pay fines or damages charged against me, and to give immediate notice of change of address and/or lost card. I recognize that I am responsible for all materials charged against this card, and therefore I will not loan my TexShare card to anyone.

Please print clearly:

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	APT. No.	APPLICANT ID No.
CITY	STATE	ZIP CODE
PHONE NUMBER (HOME)	PHONE NUMBER (WORK)	
<p>NOTE: It is very important that we be able to contact you. Please list below the name and phone number of one person that will always know how to contact you. (phone # should be different from yours)</p>		STATUS
		FA STF ST
NAME: _____	SIGNATURE: _____	
PHONE No.: _____	DATE: _____	Exp. DATE: _____
		STAFF INITIALS