

Oglala Lakota College

ACADEMIC & PUBLIC

LIBRARY CARD APPLICATION

PHONE 605-455-6069 FAX 605-455-6070

STUDENT/OLC STAFF FACULTY COMMUNITY MEMBER
 WAKANYEJA (0yrs-17yrs-must have parent signature on application & internet access permission form on file)

HAVE YOU BEEN ISSUED AN OLC LIBRARY CARD BEFORE? YES NO

LAST NAME _____ FIRST NAME _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

BIRTHDAY _____ TELEPHONE _____

PLEASE READ AND SIGN BELOW:

I agree to abide by the rules and regulations of the Oglala Lakota College Learning Resource Center and to return or pay for materials checked out from the Learning Resource Center. I agree to the loan period and **also agree that any materials not returned, overdue, or deemed lost are my responsibility and that I will pay for the necessary replacement costs.**

NOTE: Oglala Lakota College reserves the right to withhold requests for transcripts, etc., until all financial matters relating to your files at the college are cleared, including outstanding bills owed to OLC Woksape Tipi Library.

Those who are not students at OLC and owe the college for lost, or damaged materials will be billed accordingly. It is your responsibility to insure that you return materials checked out in your name to the Learning Resource Center. Failure to do so WILL jeopardize library usage and future services WILL be denied.

The college provides materials to enable you to maximize your educational experience, and reserves the right to insure that materials loaned to you are also made available to others requesting them.

As a patron of the Oglala Lakota College Learning Resource Center, wishing to use the INTERLIBRARY LOAN services, I agree to abide by the following rules and regulations:

1. I agree to return materials when due.
2. I agree to reimburse the borrowing library on any cost accrued if any materials are lost, damaged, or stolen.
3. I agree not to lend any materials to someone else while they are in my possession.

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

INTERNET ACCESS PERMISSION- YES NO