



SKC/D'Arcy McNickle Library Registration

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City, State, Zip _____

Phone _____ Message Phone _____

Email(s) _____

Please read and initial library agreement:

1. I would like to request borrowing privileges from the SKC Library. I agree to follow the rules and return borrowed material/s when due. _____
2. I understand that **I will be fined** if I **return material late** or **damaged**. _____
3. I agree to be **responsible for lost material/s** and **will pay replacement costs**. _____

Permissions:

1. I give the Library permission to contact me through text messaging:
 Yes No

Mark User Type:

- SKC Student _____
- SKC Faculty _____
- SKC Staff _____
- CSKT Tribal Member _____
- Flathead Reservation Resident _____
- Kicking Horse Job Corp _____

Signature _____ Date _____

Identification _____ Patron Number _____

Staff Member _____