



University of Southern California
 Wilson Dental Library and Learning Center
 925 W. 34th Street • Los Angeles, CA 90089-0641
 Telephone (213) 740-6476



Fee Library Card Registration
PLEASE PRINT

PERSONAL INFORMATION:

_____ - ____ - ____
 Last Name First Name M.I. Social Security No.

_____ D.D.S. ____
 Email address Other: _____ Driver's License/Photo ID No.
 [] CA DL [] Other: _____

ADDRESSES:

Permanent Local Address:

_____ Apartment/Suite No.
 Number and Street Name

_____ City, State, Zip Code

(____) _____ (____) _____
 Phone Pager/Cell

Business Address/Employer's Name:

_____ Room/Suite No.
 Number and Street Name

_____ City, State, Zip Code

(____) _____
 Phone

In signing this agreement I understand that this is a non-refundable fee. I agree to comply with the non-use of the Soule Computer Learning Center, non-use of the library's personal computers and printers, and I further agree to comply with the other rules and regulations of the USC Wilson Dental Library as given in the "Fee Library Card - Personal Use" document and as described in the written policies of the Wilson Dental Library, the Health Sciences Libraries, and the University. I also agree not to give or loan my library card to another person and that I will not loan or share borrowed USC library material with any non-USC library card holder(s) or non-USC fee card individual(s).

_____ Date
Signature