

SPONSOR'S NAME (LAST, FIRST, MI)		GRADE / RANK	CARD NUMBER (TO BE FILLED IN BY LIBRARY STAFF)
SQUADRON / UNIT (AT GOODFELLOW AFB)		SQUADRON / UNIT (HOME STATION IF TDY)	
MAILING ADDRESS		DUTY PHONE	
CITY STATE ZIP		HOME PHONE	
EMAIL ADDRESS (MILITARY OR COMMERCIAL)			
ESTIMATED DEPARTURE DATE (Student and TDY Personnel Only)			
MILITARY DEPENDENTS AUTHORIZED TO USE THIS CARD			
<i>I CERTIFY THAT I AM RESPONSIBLE FOR ALL MATERIALS CHARGED ON MY LIBRARY CARD.</i>			
DATE		SIGNATURE	
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 US CODE 8013 and EO 9397. PURPOSE: To register authorized personnel desiring to use library facilities. USE: Used to identify all authorized personnel desiring to use the library and its resources. If information is not filed in the Base Library, individual's card would not be in registration file for library resources. Unless required information is provided, individual would not be able to use the library.</p>			
LIBRARY STAFF USE ONLY			
DATE ENTERED IN SYSTEM		LIBRARY STAFF MEMBER SIGNATURE	

LIBRARY REGISTRATION