



RICHARD BLAND COLLEGE LIBRARY REGISTRATION FORM

11301 Johnson Road, Petersburg VA 23805
(804) 862-6226

- _____ Community Borrower (requires signature of parent or guardian for minors)
- _____ Alumni
- _____ Borrower with a RALC pass
- _____ VIVA Universal Borrowing Pilot
 - Home Institution: _____
 - Faculty/student: _____

PATRON INFORMATION

Last Name: _____ First: _____ Middle: _____

Social Security Number: _____ Email address: _____

Mailing Address: _____

Home phone: _____ Work or cell phone: _____

Are you affiliated with a local high school/college? If so, please identify:

PARENT/GUARDIAN INFO (needed if a minor is registering for a library card)

Last Name: _____ First: _____ Middle: _____

Social Security Number: _____ Email address: _____

Mailing Address: _____

Home phone: _____ Work or cell phone: _____

I agree to adhere to RBC Library borrowing policies and to be responsible for the return of all materials and accrued fines.

Borrower's signature: _____ Date: _____

Signature of parent of guardian*: _____ Date: _____
(required for any minor)

Signature of Library Staff: _____ Date: _____

* By my signature, I authorize my son/daughter to obtain a library card and acknowledge responsibility for all materials borrowed on this card. My son/daughter promises to adhere to the Library's policies and procedures, and to pay the Library's replacement cost for lost or damaged material.