

Winona Public Library

College Student / Temporary / Visitor
Registration Form



Driver's License/State ID	State	Birthdate
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School ID	School
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First Name	M.I.	Last Name
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Local Address	Apt/Room
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City	State	ZIP
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Phone <input type="checkbox"/> HOME <input type="checkbox"/> CELL	County
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Permanent Address	Apt/Room
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City	State	ZIP
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Your PIN number will be the last four digits of your phone number. If you don't have a phone, please select a 4-digit PIN:	PIN
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I would like to receive notices via (check one) <input type="checkbox"/> Email or <input type="checkbox"/> Text Message
E-Mail Address please print legibly

Cell Phone# (for text messages)

I agree that I am responsible for all materials checked out on this card and that I will follow all rules and regulations of the library.

Signature	Date
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Staff Use Only	Barcode	Initials
<input type="checkbox"/> POWA <input type="checkbox"/> TR <input type="checkbox"/> V (DEP.)		