

**JOHN B. COLEMAN LIBRARY
PRAIRIE VIEW A&M UNIVERSITY
APPLICATION FOR BORROWING PRIVILEGES**
Fill Out All That Applies To You & Ignore the Rest

Name: _____ Institution ID#: _____

Barcode: _____ Date: _____

PVAMU E-Mail Address: _____

Alternate E-Mail Address: _____

Permanent Address (Parents or Hometown): _____

City: _____ State: _____ Zip: _____

Hometown Telephone #: _____ Cell Phone #: _____

Local or Commute Address (Prairie View, Hempstead, Waller, Hockley, Pine Island, Houston, etc.):

Undergrad _____ Grad _____ Community _____ Staff _____ Faculty _____

Dorm (Village, UC, etc.): _____ Phase _____ Building #: _____ Room #: _____

Street (If you live off campus): _____ Apt. #: _____

P. O. Box _____ Local Phone #: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I agree to be responsible for all material borrowed with this card, for all fines incurred, and for loss and damage of material. I also understand to report a lost or stolen card IMMEDIATELY to John B. Coleman Library. (936) 261-1542.

**John B. Coleman Library
TexSHARE Card Application**

Name: _____ Date: _____

Institution ID#: _____

TexShare Card

Undergraduate

Graduate

Faculty

Staff

Major: _____