

Library Card

Student Cooperative Association, Inc.
Indiana University of Pennsylvania

New: \$5.00 Fee
Replacement if lost/stolen: \$15.00 Fee

Please note the following:

Must be an Armstrong, Indiana, or Jefferson County Pennsylvania Resident 18 years of age or older to obtain an IUP Library Card.

PLEASE PRINT:

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Please return this form to:

**Student Cooperative Association
319 Pratt Drive
Hadley Union Building
Indiana, PA 15701-2989**

Please make all checks payable to the Student Cooperative Association.

For Office Use Only:

Processed By: _____ Cash / Chg. / Check # _____ Amount: _____