



**NATIONAL OPEN UNIVERSITY OF NIGERIA
UNIVERSITY LIBRARY
LIBRARY CARD REQUEST FORM**

**AFFIX RECENT
PASSPORT SIZE
PHOTOGRAPH**

FORM NO: _____

SECTION A: TO BE FILLED BY THE STUDENTS

Name (Surname first): _____
Matriculation Number: _____ Faculty: _____
Department: _____ Programme _____
Level: _____ Study Centre: _____
Phone: _____ email: _____
Gender: _____ Marital Status: _____
Date of birth: _____ State of Origin: _____
Local Government _____ Home Address _____

Contact Address: _____

Area of interest: Books and journal related by discipline [] Fiction [] Newspapers and Magazines []
Others, please specify: _____

I, _____ do hereby agree that I will be responsible for all library resource(s) in my care, that I may be asked to pay for any lost, overdue, mutilation or/and damage to the said resource(s) in m care.

Signature

Date

SECTION B: TO BE FILLED BY STUDENT COUNSELOR

I hereby certify that the above named person whose photograph appeared above is a bona fide student of NOUN, _____ Study Centre.

Students' Counselor' Name

Signature

Date

SECTION C: TO BE FILLED BY CENTRE LIBRARIAN

Indicate form Number: _____
Indicate Card Number and Date of Issue: _____
Name and Signature of issuing officer: _____

Remark (if any) _____