

St. Louis Christian College

McCaslin Library Application

(please print clearly)

Today's Date _____

Name _____

Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Alumni___ Minister___ Non-degree student___

Church name _____

*****OFFICE USE ONLY*****

Current Photo ID Yes or No (circle one)

Library staff name _____

Approved _____