



Tex-Share Application For University of St. Thomas

LAST NAME: _____

Date: _____

- ☐ UST Students
☐ UST Faculty
☐ UST Staff

You must...

**PRESENT YOUR UST ID
AT THE LENDING LIBRARY**

Name: _____

UST ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____

☐ Cell ☐ Home ☐ Work

Email: _____

Authorized/Issued by: _____

❖ Check patrons horizon account