

PATRON REGISTRATION FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
MENTAL HEALTH AND SUBSTANCE ABUSE INFORMATION CENTER

General Information:

All citizens of Texas are eligible to register to use and request materials from the collection. Requests for materials may be submitted either in-person or remotely (via mail, fax, or email). All materials are the responsibility of the patron requesting the materials (not their organizational affiliate) and patrons must have an account in good standing to receive materials.

Patron Information (please print):

Name (last name first): _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Home Email: _____

Driver's License Number (or State ID #): _____

Organization Name (required if applicable): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Work Email: _____

I take full responsibility for the materials checked out through this account, including returning all materials by the date due either in person or through a trackable mail delivery system. I understand that I am personally liable for any damage to or loss of materials up to and including the full replacement cost of that material.

Signature: _____ Date: _____