

Non-RTS Student

RTS Jackson Guest Library Card Request

Seminary Name	<input type="text"/>
Seminary Web Site	<input type="text"/>
Your Degree Program	<input type="text"/>
Your Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
Zip Code	<input type="text"/>

Please fill out the above form, save it as a “pdf” document once completed using your last name as the file name, and send it as an attachment to library.jackson@rts.edu

You will receive a reply to your request within 5 to 7 business days.