

# RTS Alumni

*RTS Jackson Guest Library Card Request*

<b>Graduating Campus</b>	<input type="text"/>
<b>Your Degree</b>	<input type="text"/>
<b>Graduation Year</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Street Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>Zip Code</b>	<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](mailto:library.jackson@rts.edu)

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