

**SAINT JOSEPH'S SEMINARY AND COLLEGE  
MASTER OF ARTS PROGRAM  
Yonkers, New York 10404-1896  
(914) 367-8281**



**Corrigan Memorial Library  
Borrower Information Form**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Please print and fill out the form and submit it to the Circulation Desk in the Library or drop it off at the Receptionist located at the entrance of the Seminary if the Library is closed.*