

## Borrower Registration Form

| Staff Use Only   |                               |                                 |
|------------------|-------------------------------|---------------------------------|
| New Registration | Change of Contact Information | Libraries Card Number: 22212338 |
| Renewal          | Replacement Libraries Card    | User Group:                     |
| Name Change      |                               | Expiry Date:                    |

## Name (Please print clearly)

| Last Name                                     | First Name       | Middle Name                 |
|---|------------------|-----------------------------|
| Home Address                                  | Work Address (He | alth Sciences Library Only) |
| Street  | Organization     |                             |
| City  | Position Title   |                             |
| Province                                      | Department       |                             |
| Postal Code                                   | Street           |                             |
| Telephone                                     | City/Prov        |                             |
|   | Postal Code      |                             |
|   | Telephone        |                             |
|   | Fax              |                             |
| E-mail Address for receipt of Library Notices |                  |                             |
|   | @                |                             |

The Libraries assume no responsibility for invalid or incomplete e-mail addresses.

The person whose name/signature appears on the UM Libraries card is responsible for all use made of this card and all fines incurred. UM Libraries card is the property of UML. This card is non-transferable and nonrefundable. This is a permanent card and must be presented to borrow library materials. Do not destroy.

I understand and agree to abide by the Libraries' regulations.

Signature \_

**Notice Regarding Collection, Use and Disclosure of Personal Information by the University:** Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purposes of maintaining an account of library loans and communications. Your personal information may be disclosed to a collection agency in the event of unpaid bills. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

## STAFF USE ONLY

## User Group: \_

Indicate ID or documentation presented below. Refer to Borrower Registration Chart for requirements.

| Alumni (AL) -<br>(alumni who graduated before 2015 d         | only)  | UM Alumni #  |   |          |  |
|--|--------|--|---|----------|--|
| Citizen (CI) -   | Proof  | Proof of Manitoba residence (do not record number)   |   |          |  |
|  |        | Driver's License Manit<br>Other (one from each   |   |          |  |
| Leisure Reading (LR) -<br>(NJM Health Sciences Library only) |        | can borrow material from<br>of Manitoba residence (  | the NJM Leisure Reading Collection only<br>(do not record number) |          |  |
|  |        | Driver's License Manit<br>Other (one from each   |   |          |  |
| Other Academics (OA)   | -      |  | ion (including ICM instructors) Institution:                      |          |  |
|  |        | Reciprocal Borrower card (Canadian University Reciprocal Borrowing Agreement) Consortium:  |   |          |  |
|  |        | Confirmed on student list from secondary school<br>Retired Faculty/Staff card (for retired UM faculty/staff without signUM account only) |   |          |  |
|  |        |  |   |          |  |
|  |        | Letter from UM Faculty/Department (attach copy)  |   |          |  |
| Fee assessed: No   | charge | \$50 (Citizen)   | Budget/Grant#   | -)<br>-) |  |
| Received by:   |        | Date:  | Verified by:  |          |  |

