

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

Last Name

First Name

Middle Name

Home Address
Work Address *(Health Sciences Library Only)*

Street _____

Organization _____

City _____

Position Title _____

Province _____

Department _____

Postal Code _____

Street _____

Telephone _____

City/Prov _____

Postal Code _____

UM Alumni # _____

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 _____

Date _____

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. 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.

FOR STAFF USE ONLY

User Group: _____

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

Alumni (AL) - UM Alumni # _____

Citizen (CI) - Proof of Manitoba residence (do not record number)

Driver's License Manitoba Enhanced Identification Card

Other (one from each list of Accepted ID)

Leisure Reading (LR) - Patron can borrow material from the NJM Leisure Reading Collection only
(NJM Health Sciences Library only)

Proof of Manitoba residence (do not record number)

Driver's License Manitoba Enhanced Identification Card

Other (one from each list of Accepted ID)

Other Academics (OA) - ID card of own institution (including ICM instructors)

Student/Staff ID#: _____ Institution: _____

Reciprocal Borrower card (Canadian University Reciprocal Borrowing Agreement)

Consortium: _____

Retired Faculty/Staff card

Letter from UM Faculty/Department (attach copy)

Fee assessed: No charge \$50 (Citizen) Budget/Grant# _____
(St. John's College - Contact Dafoe Supervisor for #)

Received by: _____ Date: _____ Verified by: _____