LIBRARY REGISTRATION / CIRCULATION FORM

Please use this form to borrow library materials and register for a library account.

Name: ________________________________________________________________

Employee ID: __________________________________________________________

Department and/or Program: ____________________________________________

Position Title: __________________________________________________________

End Date (For Term Appointment/Practicum/Fellowship, etc.): ______________________

Office Address (building and room number): ________________________________

Home Address (optional): _______________________________________________

City: __________________________ Postal Code: ______________________________

Work Phone Number: ___________ Home Phone Number (optional): ___________

E-mail Address: _________________________________________________________

The personal information collected when you register with the Knowledge Resource Service is used to enable you to borrow materials from this and all other libraries in the NEOS Consortium. This information is collected under Section 33c of the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, contact the krs@albertahealthservices.ca.

This personal information is entered into a shared database, which is accessible to library staff throughout the consortium. The information will not be disclosed to other third parties under any circumstances.

I accept responsibility for all fines incurred, and for lost or damaged material borrowed on this card.

Signature of applicant: ___________________________________________________

Date: ___________________________________________________________________

_________________________________________________________________________

Alberta Health Services Knowledge Resource Service Use Only:

Date Issued: ___________________________________________________________________

Barcode Number: ___________________________________________________________________