



Staff & Outside User Borrower Registration Form

First Name:	Middle Name:	Last Name:
Address:		City: Province:
Postal Code:	Phone:	Business Phone:
E-Mail Address:		

BORROWER TYPE (Please check only 1 box):	Full-time Staff:	Part-time Staff:	Outside User:
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Faculty	<input type="checkbox"/> Alumni
	<input type="checkbox"/> Administration	<input type="checkbox"/> Administration	<input type="checkbox"/> Senior
	<input type="checkbox"/> Support	<input type="checkbox"/> Support	<input type="checkbox"/> General Public
	<input type="checkbox"/> Retired		<input type="checkbox"/> Other

IF YOU CHECKED PART-TIME IN THE SECTION ABOVE, PLEASE FILL OUT THIS SECTION.
* YOU WILL NEED THE SIGNATURE OF THE CHAIRPERSON / MANAGER OF YOUR DEPARTMENT.

Course / Program: _____

Name of Coordinator: _____ Extension.: _____

Valid from date: _____ to: _____

Name of Chairperson / Manager: _____

Signature of Chairperson / Manager: _____

PLEASE READ THE FOLLOWING AGREEMENT:

In accepting the LLC library card, I, the undersigned, acknowledge and agree:

- that I am responsible for all transactions made with this card, except those made after the date when the card is reported lost or stolen to the campus LLC.
- that my responsibility includes: return of articles on or before the due date, payment of fines on materials returned overdue, payment of replacement costs for materials lost or damaged while in my possession and payment of a replacement fee for lost or damaged cards.

I have read the above agreement and accept its terms:

Date: _____ Signature: _____

FOR OFFICE USE ONLY:	<input type="checkbox"/> Verified	<input type="checkbox"/> Completed: (initials) _____	<input type="checkbox"/> Ready to file: (initials) _____
	<input type="checkbox"/> New Card	Library Card #: _____	
	<input type="checkbox"/> Replacement Card		