Health Sciences Libraries
Borrower Registration Form

Staff Use Only
☐ New Registration  ☐ Change of Contact Information  UM Photo ID Number: 22212___________
☐ Renewal  ☐ Replacement Libraries ID Card  Libraries ID Number: 22212___________
☐ Name Change  Profile: ________________________________

Name (Please print clearly)
Dr. / Mr. / Mrs. / Ms.

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<tr>
<th>Last Name</th>
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<th>Middle Name</th>
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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 ID card is responsible for all use made of this card and all fines incurred. UM Libraries ID card is the property of UML. This card is non-transferable and non-refundable. There is a charge for replacement of this card. 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 of Applicant ____________________________________________ 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. 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.

Revised April 2014
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Please fax this form and attachments to: (204) 789-3923

Attach one of the following as proof of employment:

☐ ID Card of own institution   ID# __________________________________________________

☐ College of Physicians and Surgeons of Manitoba Card

☐ Letter from institution (attach copy if no ID card available)

Please check all that apply.

Manitoba Health Affiliation:
☐ Department Employee
☐ Fee for Service Physician
☐ Selkirk Mental Health Centre

University of Manitoba Affiliation:
☐ Faculty
☐ Student
☐ Distance Education Student

Regional Health Authority Affiliation:
☐ Hospital / Clinic
☐ Personal Care Home
☐ Interlake-Eastern Regional Health Authority
☐ Northern Regional Health Authority
☐ Prairie Mountain Regional Health Authority
  (*excluding Brandon area)
☐ Southern Health Regional Health Authority

Winnipeg Regional Health Authority Affiliation:
☐ Employee

Winnipeg Regional Health Authority (Churchill):
☐ Employee

STAFF USE ONLY

☐ MH / RHAM  ☐ FA Faculty  ☐ ST Student  ☐ DE Distance Education Student

Received by ____________________________

Date of application ______________________

Verified by ____________________________