

LIBRARY REGISTRATION FORM

Date: _____ M. D. Anderson Badge Library Bar Code Number: _____
(Located on reverse side of badge near bar code)

Name: _____
Last First Middle

Termination Date: (Residents, Students, Visitors) _____

Local Address Apt. # City State Zip

(_____) _____
Primary Phone

Department Name Job Title

Interoffice Box / Unit # (_____) Work Phone (_____) Pager

Institutional E-Mail Address _____

Off-site access to online resources is available.

M. D. Anderson employees call 4-INFO.

GSBS or SHS students check here

I understand when receiving library privileges, I accept responsibility for any material borrowed from this and any other Texas Medical Center library.

SIGNATURE

If faxing registration form, please also fax a copy of the front and back of your M. D. Anderson ID badge.

Library Use Only

M-Faculty – 3 Years
M-Student – 1 Year

M-Staff – 2Years
M-Resident – 1 Year

M-Fellow – 1 Year
M-Visitor – Up to 1 Year

M. D. Anderson Libraries Only: (Visitor, Volunteer, Observer, Contractor)

Entered: _____ Verified: _____