

VCU Libraries

VCU Employees, Students & Affiliates Borrower's Registration Form

Please print or type:

*Name:

Last

First

Middle

*VCU eID: _____

*VCUCard ID: _____

VCU Email Address: _____

Primary Address: _____

City State Zip

Phone: _____ Phone: _____

Home Work

Secondary Address: _____

City State Zip

Phone: _____ Phone: _____

Home Work

Check all that apply:

For more information, see,
<http://www.library.vcu.edu/circpriv/>

VCU Graduate Student (GRAD+/GRAD, 11)

VCU Honor Student (GRAD+/HONR, 12)

VCU Undergraduate Student (UGRD+/UGRD, 14)

VCU Med. Undergraduate (UGRD+/MSTU, 15)

VCU Med. Graduate Student (GRAD+/MSTG,13)

Faculty and Retired Faculty (FAC+/FAC, 10)

VCU Staff (GRAD+/STAFF, 16)

MCVH Staff (GRAD+/HEALTHSYS, 17)

SCHEV (FAC+/SCHEV, 54)

VCU Board of Visitors (FAC+/BoV, 21)

I agree to adhere to VCU Libraries borrowing and other policies and to be responsible for accrued fines.

Date Signature of Borrower

Return this completed form to:	Circulation and Information Services James Branch Cabell Library VCU Libraries 901 Park Avenue, PO Box 842033 Richmond, VA 23284-2033 Fax: (804) 828-0151 Phone: (804) 828-1111	User Services Tompkins-McCaw Library for Health Sciences VCU Libraries 509 N. 12 th Street, PO Box 980582 Richmond, VA 23298-0582 Fax: (804) 828-6089 Phone: (804) 828-0636
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Update 7/15/08

an equal opportunity/affirmative action university

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Date Record Expires: _____

Special Registration Request From: _____
Dept. name, school, faculty, etc.

Sign and Date Each:

Received by: _____
Signature Date

Entered by: _____
Signature Date

Reviewed by: _____
Signature Date