

VCU Libraries

VCU Employee, Student & Affiliate Borrower Registration Form

Please Print (* indicates required fields)		
*Name:		
Last	First	Middle
*VCU eID:		*Email Address (VCU preferred):
*VCUCard ID:		
*Primary Address:		
City	State	Zip
*Phone:	Phone:	
Home	Work	
Secondary Address:		
City	State	Zip
Phone:	Phone:	
Home	Work	
Check all that apply:		<i>For more information, see http://www.library.vcu.edu/circpriv/</i>
<input type="checkbox"/> Undergraduate Student (UGRD+/UGRD, 14)		<input type="checkbox"/> VCU Staff (GRAD+/STAFF, 16)
<input type="checkbox"/> Medical Undergraduate (UGRD+/MSTU, 15)		<input type="checkbox"/> MCVH Staff (GRAD+/HEALTHSYS, 17)
<input type="checkbox"/> Honor Student (GRAD+/HONOR, 12)		<input type="checkbox"/> Faculty and Retired Faculty (FAC+/FAC, 10)
<input type="checkbox"/> Graduate Student (GRAD+/GRAD, 11)		<input type="checkbox"/> Preceptor/Affiliate Faculty (FAC+/PRECEPTOR, 20)
<input type="checkbox"/> Medical Graduate Student (GRAD+/MSTG, 13)		<input type="checkbox"/> OCLC Reciprocal Faculty (FAC+/OCLC RFBP, 53)
<input type="checkbox"/> SCHEV (FAC+/SCHEV, 54)		<input type="checkbox"/> Faculty Proxy (FAC+/FACULTY PROXY, 23)
<input type="checkbox"/> Board of Visitors (FAC+/BOV, 21)		<input type="checkbox"/> Requires faculty proxy form.
		<input type="checkbox"/> Faculty Spouse/Partner (COMM+/FACULTY SPOUSE/ PARTNER, 58) Requires faculty designation form.
Required for Preceptor/Affiliate Faculty and OCLC Reciprocal Faculty Borrowers registration:		
Sponsoring VCU department or university name:		
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 824033 Richmond, VA 23284-2033 Phone: (804) 828-1111	Service Desk Tompkins-McCaw Library for Health Sciences VCU Libraries 509 N. 12 th Street, PO Box 980582 Richmond, VA 23298-0582 Phone: (804) 828-0636
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Updated 04/22/2011

an equal opportunity/affirmative action university

----- THIS SIDE LIBRARY USE ONLY -----

Date Record Expires: _____

Sign and Date each:

Received by: _____
Signature Date

Entered by: _____
Signature Date

Reviewed by: _____
Signature Date