

# BML & MCL Libraries Registration Form - VAMC

\_\_\_\_\_  
VA DEPARTMENT

STATUS:  PHYSICIAN  STAFF

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
EMAIL ADDRESS

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
LOCAL TELEPHONE NUMBER

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
SECOND TELEPHONE NUMBER

\_\_\_\_\_  
VA MAIL CODE

VAMC Librarian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*VA Librarian's signature required for registration.*

## FOR LIBRARY USE ONLY

2 1 8 2 2 \_\_\_\_\_

UCSD BARCODE NUMBER

\_\_\_\_

DATE ENTERED

0 4

PATRON TYPE

2 3 1

AFFILIATION

\_\_\_\_

EXPIRATION DATE

.p \_\_\_\_\_

PATRON RECORD NUMBER

COMMENTS: \_\_\_\_\_