UC San Diego Library Registration Form – Campus

DEPARTMENT/MAJOR

EMPLOYEE ID OR STUDENT PID NUMBER

LAST NAME   FIRST NAME   MIDDLE INITIAL

LOCAL/CAMPUS MAILING ADDRESS   CITY   STATE   ZIP CODE

(___) ___ – ____

LOCAL TELEPHONE NUMBER:

E-MAIL ADDRESS

PERMANENT MAILING ADDRESS (if different)   CITY   STATE   ZIP CODE

(___) ___ – ____

PERMANENT TELEPHONE NUMBER

LIBRARY USE ONLY

Forward completed form to Circulation Services Manager at Geisel

| 2 | 1 | 8 | 2 | 2 | | | | | | |

UCSD Barcode Number

.p

Patron Record Number

Date Entered   Patron Type   Affiliation   Expiration Date

Entered by: _____

Entered at (circle one):

    Geisel   BLB

Verified by: _____

COMMENTS:

Rev 7/14