

Biomedical Library Building Registration Form - VAMC

VA DEPARTMENT

VA MAIL CODE

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMAIL ADDRESS

(____)____-_____
LOCAL TELEPHONE NUMBER

(____)____-_____
SECOND TELEPHONE NUMBER

Address

City

State

Zip Code

PERMANENT MAILING ADDRESS (REQUIRED)

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: _____