|  |  |  |  |
| --- | --- | --- | --- |
| Family name: | | | |
| First name: | | | |
| Title (Mr/Mrs/Miss/Ms/Dr/Other): | | | |
| Contact Address: | | | |
|  | | | |
|  | | | |
| Postcode: | | | |
| Telephone number: | | | |
| Email Address:  University of Nottingham email if possible. | | | |
| School/Department : | | | |
|  | | | |
| Staff Employee ID: |  | UoN Username: |  |
| Full Time : |  | Part Time: |  |

I agree to abide by the Library Regulations and to notify the library of any changes of address.

Signature:………………………………………………………………………….……….Date:…………………………………

The information you provide will be used to enable you to borrow from the Library. The information will be processed and held in the Library’s computer system and used for Library administration and any other legitimate University purpose. In doing so, the Library will ensure at all times the data protection and personal privacy principles embodied in the General Data Protection Regulations (GDPR 2018). Your data will not be disclosed for other purposes without your consent.

**Staff Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UoN Student |  | UoN Associate | | |  |
| UoN Staff |  | Other (Specify) | | |  |
| Sconul Access Band |  | Sconul University: | | | |
| NUH Trust Staff (31) | F1/F2 | Dent | Med | Nur | Other |
| Other NHS (50) | Caril | Circle | Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Community Borrower |  | Retired Staff |  |

**Library Number Expiry Date Staff initials**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Student ID** **Checked ID NUH Email**