



LIBRARY USER REGISTRATION FORM

DIN: RUW-LIB-T-001

RN: 01

ED: 01/07/2015

PERSONAL DATA:

First Name

Last Name

College

Department

RUW ID/ SL No.

CPR

Phone Number

Alternative Phone Number

Area

RUW E-mail

Library User:

I **confirm** that all data in this application is correct and under my own responsibility.

Name

Signature

____/____/20____
Date (D/M/Y)

Library Staff:

I **confirm** that this request is registered on the electronic system.

Name

Signature

____/____/20____
Date (D/M/Y)