



Registration form to access Library services and facilities

MPharm students

YOUR DETAILS (Please print clearly)

Title(Mr/Miss/Mrs/Ms/Dr):..... Surname:.....

First name:..... Initial:.....

Home address (Address for contact):

.....
.....

Postcode:..... E-mail:.....

Home phone:.....Mobile phone.....

COURSE DETAILS

Name of College/University:.....

College/University address:.....

.....

Postcode:..... Telephone:.....

Student number..... Year of study

Name of tutor.....

Please note:

Registration expires on the **31 July** each year (You may re-register after this date, if necessary)

I agree to abide by the rules of the Library and will return any items borrowed within the set time period. I understand and accept that any items loaned to me but not returned for whatever reason will have to be replaced at my expense. I accept that fines will be charged for late return of items*.

Signed:Date:

For RPSGB use			
Processed by:		Address checked (renewals)	
Barcode	/	Form of ID used:	
Previous barcode (renewals)	/	Guide given	Yes/No