

## Faculty and Staff Library Registration

Your Banner ID Number: A / /	1 1 1	1 1	
ant Nama	First N	lama	Initial
Last Name	First N	iame	Initial
Department	Office Phone	Email address	
	1	ı	1
Home Address	City	Postal Code	Phone Number
	·		
Please read and sign the following:			
agree to comply with library regulations, and I understand that I am res naterials I borrow from Novanet libraries. I will notify a Novanet library			
The Patrick Power Library collects patron information for University put The information you provide will be shared with other Novanet Libraries	urposes only.	· · · · · · · · · · · · · · · · · · ·	
The information you provide will be shared with other Novaliet Libraries	ili Nova Scotia.		
Staff/Faculty Signature		Date	
**Please have Department head fill out and sign areas indicate	ed on the back of this for		
Depa	rtmental Authorizatio	n	
	01-#	Full Gara	
Faculty Full-time Part-time	Staff	Full-time Part-time	<u></u>
VisitingUntil		Term	Until
Department Head Signature		Date	
	Library Use Only		
21987/ / / / / / /		Faculty (58)	Г
		i acuity (36)	
		Staff (57)	
Name search done in Patron database			
Notes:			
Notes:			