

BORROWER LIB I.D

REGISTRATION CLASS

BORROWER CNUM

EXPIRATION DATE

SUNY DOWNSTATE

THE MEDICAL RESEARCH LIBRARY OF BROOKLYN

REGISTRATION FORM

DATE.....(MM/DD/YYYY)

TITLE Dr.,Mr.,Mrs.,Ms.(CIRCLE ONE)

LAST NAME.....FIRST NAME.....MI.....

FOR STUDENTS ONLY

COLLEGE.....YEAR....BOX#.....EXPECTED GRADUATION DATE.....

HOME OR DORMITORY ADDRESS.....

.....ZIP.....STATE.....

TELEPHONE.....BEEPER/PAGER.....

FOR FACULTY/RESIDENTS/STAFF/OTHER

SUNY DEPARTMENT.....BOX#.....EXT.....

STATUS: CIRCLE ONE (FACULTY, RESIDENT, STAFF) IF OTHER.....

HOME ADDRESS.....

.....ZIP.....STATE.....

TELEPHONE.....BEEPER/PAGER.....

LIBRARY STAFF INITIALS.....DATE.....