

Library Services - External Borrower Registration Form

Title	Last Name	
First Name(s)		
Address		Tel
		Contact Email*
	*Sconul	Access applicants must provide a university email address
Date of Birth(Required for validation purposes)		
Have you previously been a s	student or emp	ployee of LJMU? Yes/No
Home Institution(if applicable)		
Programme of study or depar	tment	
Home Registration Number		
Permanent Address & Teleph	none Number	(if different from above)
I agree to abide by the rules a https://www.ljmu.ac.uk/library		s of LJMU Library Services (available at:
Signed		
To be completed by Library Service	s staff:	
Patron Type: (delete as appropriate	te)	
External / Reciprocal (UoL) /	SCONUL Acc	ess: Band: (A) : (B) : (C) : (R) :
Valid until		
LJMU assigned barcode		