

Walk-in Access: Registration Form

Personal Details			
Surname/Family name:		Forenames(s):	
Address:			
Email address:		Telephone number:	
Please tick which of the following memberships apply to you:			
I am a student/staff member of a university other than Liverpool John Moores University.		I am a student/staff member of a further education college.	
Please specify:		Please specify:	
I am a member of the SCONUL Access Scheme.		I am a graduate of Liverpool John Moores University.	
		Year of graduation:	
		Subject of study:	
I am a member of the public.		I am a staff member at a school.  Please specify:	
		riease specify.	
I am a member of an organisation not listed above.			
Please specify:			
Walk-in user declaration			
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I confirm that the information supplied above is accurate and true. I hereby give my consent for Liverpool John Moores University to use the personal data given above to support the administration of the walk-in access service in accordance with the Date Protection Act 1988.			
I have read and understood the acceptable use policy and agree to abide by its			
terms and conditions.			
Signature:		Date:	
Library use only			
Proof of ID supplied:	Date of registration:		
Date of induction (first visit only):			

