

Health Sciences Libraries Borrower Registration Form

Name (Please print clearly)

Dr. / Mr. / Mrs. / Ms.

Last Name

First Name

Middle Name

E-Mail Address for Receipt of Library Notices

@ _____

Work Address

Home Address

Organization _____

Position Title _____

Department _____

Street _____

City/Province _____

Postal Code _____

Telephone () _____

Fax () _____

Street _____

City _____

Province _____

Postal Code _____

Telephone () _____

The Libraries assume no responsibility for invalid or incomplete e-mail addresses.

The person whose name/signature appears on the UM Libraries ID card is responsible for all use made of this card and all fines incurred. UM Libraries ID card is the property of UML. This card is non-transferable and non-refundable. There is a charge for replacement of this card. This is a permanent card and must be presented to borrow library materials. DO NOT DESTROY.

I understand and agree to abide by the Libraries' regulations.

☐ **Yes, I agree to receive a monthly email newsletter from the UM Health Sciences Libraries.**

Note: We will not release your email address to any outside parties and will only use your email to send the monthly newsletter.

**Signature of
Applicant** _____

Date _____

Notice Regarding Collection, Use and Disclosure of Personal Information by the University: Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purposes of maintaining an account of library loans and communications. Your personal information may be disclosed to a collection agency in the event of unpaid bills. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Staff Use Only

☐ New Registration ☐ Change of Contact Information UM Photo ID Number: 22212 _____

☐ Renewal ☐ Replacement Libraries ID Card Libraries ID Number: 22212 _____

☐ Name Change User Group: _____

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STAFF USE ONLY

Profile Description (circle one, and indicate what ID presented)

Alumni (AL) - UM Alumni Card # _____

Consumer Health (CH) - Patron can borrow material from the Consumer Health Collection only
- Proof of Manitoba residence - Do not record number

ID shown: ☐ Driver's License ☐ Other _____

Citizen (CI) - - Proof of Manitoba residence - Do not record number

ID shown: ☐ Driver's License ☐ Other _____

Distance Education Students (DE) - ☐ UM Photo ID ☐ letter ☐ receipt

Faculty/Staff (FA) - ☐ UM Photo ID
☐ Photo ID from _____ (institution name)
☐ Letter from department (attach copy)

Manitoba Health or Regional Health Authority of Manitoba (MH/RHAM) -

ID shown: ☐ MH ☐ RHAM ☐ FFS

Please notify MHIKNET Services (mhiknet@umanitoba.ca) after registration

Other Academics (OA) - Student/Staff ID# _____ of which institution _____
☐ ID card of own institution (including ICM instructors)
☐ Reciprocal Borrower card of which consortium

(Canadian University Reciprocal Borrowing Agreement)

☐ Confirmed on student list from the school (for IB students)

☐ Retired Faculty/Staff card (for retired UM Faculty/Staff)

Affiliated Health - ☐ Photo ID from _____ (institution name)

Hospital Staff - ☐ Photo ID from _____ (institution name)

Fee assessed:

☐ \$50 ☐ N/C ☐ Budget/Grant# _____

Received by _____ Date of application _____ Verified by _____

Statistical Category

☐ HSL Outreach

☐ USB

☐ OTHER

☐ UM Faculty

☐ WRHA

☐ Hospital Libraries

Please indicate all subcategories that apply:



UNIVERSITY
OF MANITOBA

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Please fax this form and attachments to: (204) 789-3922

For WRHA/RHAM staff, please attach ONE of the following as proof of employment:

- ☐ ID Card of own institution ID# _____
- ☐ College of Physicians and Surgeons of Manitoba Card
- ☐ Letter from institution (attach copy if no ID card available)

Please check all that apply.

Manitoba Health Affiliation:

- ☐ Department Employee
- ☐ Fee for Service Physician
- ☐ Selkirk Mental Health Centre

Regional Health Authority Affiliation:

- ☐ Hospital / Clinic
- ☐ Personal Care Home
- ☐ Interlake-Eastern Regional Health Authority
- ☐ Northern Regional Health Authority
- ☐ Prairie Mountain Regional Health Authority
(*excluding Brandon area)
- ☐ Southern Health Regional Health Authority

University of Manitoba Affiliation:

- ☐ Faculty
- ☐ Student
- ☐ Distance Education Student

Winnipeg Regional Health Authority Affiliation:

- ☐ Employee

Winnipeg Regional Health Authority (Churchill):

- ☐ Employee

STAFF USE ONLY

- ☐ MH / RHAM
- ☐ FA Faculty
- ☐ ST Student
- ☐ DE Distance Education Student

Received by _____

Date of application _____

Verified by _____

