

# Biomedical Library Building Registration Form - VAMC

\_\_\_\_\_  
VA DEPARTMENT

\_\_\_\_\_  
VA MAIL CODE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
EMAIL ADDRESS

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
LOCAL TELEPHONE NUMBER

(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
SECOND TELEPHONE NUMBER

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

PERMANENT MAILING ADDRESS (REQUIRED)

VAMC Librarian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*VA Librarian's signature required for registration.*

## FOR LIBRARY USE ONLY

2 1 8 2 2 \_\_\_\_\_  
UCSD BARCODE NUMBER

\_\_\_\_ \_\_\_\_ \_\_\_\_  
DATE ENTERED

0 4  
PATRON TYPE

2 3 1  
AFFILIATION

\_\_\_\_ \_\_\_\_ \_\_\_\_  
EXPIRATION DATE

.p \_\_\_\_\_  
PATRON RECORD NUMBER

COMMENTS: \_\_\_\_\_