Toronto Metropolitan University

Instructions:

- 1. Please complete Sections 1 and 2.
- 2. Return completed form to the Library Circulation Desk.
- 3. Please bring TMU One Card and proof of address.

Section 1: Identification Information								
Surname (please print)								
First Name	Middle Initial:							
Address: Street:								
City/Prov	Postal Code							
Mobile Telephone No.								
Home Telephone No.								
Business Telephone No.	Ext.							
Departmental Affiliation								
E-mail								

Applicant's signature

Date

Section 2: Authorization (must be completed by the Dean/Dept.Head)															
I am requesting that the Library extend borrowing privileges to the above applicant as an Affiliate of the Faculty/Department of for a one-year period										of					
commencing	Date	_•										-	-		
I authorize the transfer of \$75 from account number															
* Note: Due to database licensing agreements, affiliated external borrowers do not have remote access to all electronic resources.															
Name (please print):	Surname:														
	First Name:														
Signature:			Titl	e:											
Date:															

For Library Use ONLY							
Date Received:	Library Staff Initial:	Notes:					