

Instructions:

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

Adjunct Professor

Visiting Scholar / Fellow

RA/TA

Other _____ (Please Specify)

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

By signing below, I agree that library privileges will be used for research, academic or course development purposes.

Applicant's Signature _____

Date _____

Section 2: Authorization (must be completed by the Chair/Director of the School/Department)																													
I am requesting that the Library extend borrowing privileges to the above applicant in the School /Department of _____ for the time period from _____ to _____ (up to one year).																													
										Date															Date				
I understand that the School/Department's Office will be responsible for any outstanding library fines or penalties that may be incurred with this card.																													
* NOTE: For online access to library e-resources/my. torontomu.ca set-up, please email CCS - help@torontomu.ca																													
Name (<i>please print</i>):										Surname:																			
										First Name:																			
Signature:										Title:																			
Date:																													

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