



Health Sciences Library at Stratford Patron Registration Form

1 Medical Center Drive
Stratford NJ 08084
(856) 566-6800

Completed form can be faxed to (856) 566-6380
KHS Staff MUST submit a copy of ID if registering by fax

Library Use Only
Date Entered _____
Staff Initials _____
Patron Class _____
Affix barcode:

Off campus access to licensed resources requires UMDNJ patrons to use their CORE acct or University Administrative ID number to log-in. KHS staff will use the barcode number assigned by the Library at the time of registration to log in to resources.

Unless confirmation is received by the Library of continued employment at the Kennedy Health System or UMDNJ, patron records may be removed from the Library's system after a period of 5 years. UMDNJ and KHS personnel will need to re-register with the Library to restore Library privileges.

PLEASE PRINT LEGIBLY - Illegible or incomplete forms WILL NOT be processed

Name (Last name, First, MI) _____

Nine Digit University Administrative ID # _____ (**REQUIRED for UMDNJ Patrons**)

Email Address _____

Mailing Address

Address _____

City _____ State _____ ZIP Code _____

Phone _____

School/Institution (Select One)

SOM SN GSBS NJDS SPH KHS
SHRP (Indicate Program) _____ Other _____

Students (Select expected degree and enter Graduation Year _____)

DO Ph.D MSN DPT MPH AAS
MS BSN Other _____

Staff (Select status)

Faculty Intern Resident Fellow KHS Attending
UMDNJ Staff KHS Staff (Select Division: STR CHD WTD)

Interdepartmental Address _____

Rotating Students _____

Enter your Institution and the UMDNJ department you are rotating through.