



# Health Sciences Library at Stratford Patron Registration Form

Provide all applicable information  
PLEASE PRINT LEGIBLY

Illegible or incomplete forms will not be processed

Completed form can be faxed to (856) 566-6380

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

**Off campus access to licensed resources requires UMDNJ patrons to use their 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.**

**KHS Staff MUST submit a copy of ID if registering by Fax**

Name (Last name, First, MI) \_\_\_\_\_

Nine Digit University Administrative ID # \_\_\_\_\_ [REQUIRED for UMDNJ Patrons]

Email Address \_\_\_\_\_ (Required)

### Mailing Address (Required)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

### School/Institution (Circle One)

SOM      SN      GSBS      NJDS      SPH      KHS  
SHRP \_\_\_\_\_ (indicate SHRP program)      Other \_\_\_\_\_

### Students (Circle expected degree and enter Graduation Year \_\_\_\_\_)

DO      Ph.D      MSN      DPT      MPH      AAS  
MS      BSN      Other \_\_\_\_\_

### Staff (Circle status)

Faculty      Intern      Resident      Fellow      KHS Attending  
UMDNJ Staff      KHS Staff (Circle Division: Strat CHD WTD)

Interdepartmental Address \_\_\_\_\_ (Required for staff)

**Rotating Students** \_\_\_\_\_

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