



Loma Linda University Libraries



Patron Registration Form

Fax this form along with a copy of your LLU/MC ID to (909)558-4188.
For immediate processing or questions, please call Circulation (909)558-4550

Institution:		LLU School:		Status:	
LLUAHSC	<input type="checkbox"/>	Allied Health	<input type="checkbox"/>	Faculty	<input type="checkbox"/>
LLU	<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	Student	<input type="checkbox"/>
LLUMC	<input type="checkbox"/>	General Studies	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
LLUCH	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Resident	<input type="checkbox"/>
LLUECSH	<input type="checkbox"/>	Nursing	<input type="checkbox"/>	Attending	<input type="checkbox"/>
LLUBMC	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Staff	<input type="checkbox"/>
LLUHC	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Administration	<input type="checkbox"/>
LLVA	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Friend	<input type="checkbox"/>
La Sierra	<input type="checkbox"/>	Graduate School Dept:		Spouse*	<input type="checkbox"/>
IPAL/SCCEL	<input type="checkbox"/>	_____		Courtesy	<input type="checkbox"/>
UCR	<input type="checkbox"/>	Expected Year of		Other _____	
IEALC school:		Graduation _____			

Name _____ I.D. # _____

Email Address _____

Local/Mailing Address _____

City _____ State _____ Zip _____

Permanent/Street Address _____

City _____ State _____ Zip _____

Work/Dept _____ Building/Room _____

Telephone: Home _____ Work _____ Beeper _____

Calif. Drivers License# _____

I apply for library privileges as provided by the Loma Linda University Libraries and agree to comply with the lending rules.

Signature _____ Date _____

Office Use only

P1 _____ P2 _____ P3 _____ PTYPE _____

Barcode _____ Exp. Date _____ .p _____

Home Library: Webb JMLIC ECSH