



**ROBERT WOOD JOHNSON LIBRARY OF THE HEALTH SCIENCES**

**PATRON REGISTRATION**

Please complete all required questions and **print** legibly.

1. Institution: **Circle One:** RWJMS      RWJUH      SHRP      GSBS      SPH

Other: (Please specify) \_\_\_\_\_

2. Department: (Examples: Pediatrics, Nursing, Administration, etc.) Please Specify:

\_\_\_\_\_

3. Status: **Circle One:**      Faculty      Staff      Attending

Student      Resident/Intern      Fellow      Post-Doc      Graduation Year \_\_\_\_\_

Other Status (Please Specify): \_\_\_\_\_

4. Name (Last name, First, MI): \_\_\_\_\_

5. Title (Dr., Ms., etc.): \_\_\_\_\_

6. Suffix (Jr., III, etc.): \_\_\_\_\_

7. UMDNJ ID Number for remote access: \_\_\_\_\_

Non UMDNJ Patrons will be assigned a number.

**STAFF USE ONLY**

8. Barcode (ZEBRA) \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

9. Home Address (Street, Apt. #): \_\_\_\_\_

10. Home City, State: \_\_\_\_\_

11. Home Zip: \_\_\_\_\_

12. Home Phone: (\_\_\_\_) \_\_\_\_\_      12a. email: \_\_\_\_\_

13. Work Address: \_\_\_\_\_

14. Dept. \_\_\_\_\_

15. Bldg/Room # \_\_\_\_\_

16. Campus: \_\_\_\_\_

17. Campus Phone: (\_\_\_\_) \_\_\_\_\_

18. Today's Date: \_\_\_\_\_