



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
KHS Staff must submit copy of ID if registering by Fax

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 # assigned by the Library at the time of registration to log in to resources.

Name (Last name, First, MI) _____

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

Email Address _____

Campus/Work address (Staff) OR Local Address (Students)

Address/Bldg. _____ Dept. _____

City/Campus _____ State _____ ZIP Code _____

Phone _____

Home Address (Optional)

Address _____

City _____ State _____ ZIP Code _____

Phone _____

School/Institution (Circle One)

SOM SON GSBS NJDS SPH KHS
SHRP _____ (indicate SHRP program) Other _____

Students (Circle expected degree and enter Graduation Year _____)

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

Staff (Circle status and enter department _____)

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

Rotating Students _____

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