

RYERSON UNIVERSITY LIBRARY & ARCHIVES

Instructions:

 Please complete Sections 1 Return completed form to t 								ble	cat	teg	ory.													
3. Please bring Ryerson One Card and proof of address. Adjunct Professor Visiting Scholar / Fellow RA/TA Other												(Please Specify)												
Section 1: Identificati	on Infor	mat	tio	n																				
Surname (please print)																						L		Ц
First Name													Middle Initial:											
Address: Street:																								
City/Prov.					Ш	_		_						P	ost	al	Co	de						Ц
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Business Telephone No.				_				-					Ext.											
Departmental Affiliation																								Ц
E-mail																								
Applicant's Signature Date Section 2: Authorization (must be completed by the Chair/Director of the School/Department) I am requesting that the Library extend borrowing privileges to the above applicant in the School /Department of for the time period from to (up to one year).)										
I understand that the School/Department's Office will be responsible for any outstanding library fines or penalties that may be incurred with this card. * NOTE: For online access to library e-resources/my. ryerson set-up, please contact CCS or email help@ryerson.ca																								
Name (please print): Surr	name:	Ш			_	\perp	1	4	4															Ш
First	Name:																							Ц
Signature:				Γ	itle																	_		\dashv
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