

## REGISTER FORM

(PLEASE COMPLETE IN BLOCK CAPITALS)

- First application  
 Change of master data

<b>Family name</b>	
<b>First name:</b>	
<b>Date of birth:</b>	
<b>Street name, number:</b>	
<b>ZIP, City:</b>	
<b>Phone number:</b>	
<b>Email (CAMPUS 02 students, staff and lecturers):</b>	<b>NOT required</b>
<b>E-Mail-Adresse (Other):</b>	

The undersigned confirms the completeness and accuracy of the data contained in the master data sheet and hereby undertakes to immediately notify the Library of any changes. The undersigned hereby undertakes to adhere to the latest version of the Library Regulations issued by the Library. The undersigned hereby agrees with the regulation that all communication, reminders and any notifications will predominantly be sent out by email.

Further information: [www.campus02.at/ds-bibliothek](http://www.campus02.at/ds-bibliothek).

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

### For library staff!

<b>Benutzername:</b>		<b>Benutzer-ID:</b>	
<b>Anspruchsgruppe:</b>	<input type="checkbox"/> Studierende <input type="checkbox"/> AbsolventInnen <input type="checkbox"/> Hauptberufliche LektorInnen <input type="checkbox"/> Nebenberufliche LektorInnen <input type="checkbox"/> MitarbeiterInnen <input type="checkbox"/> Sonstige	<b>Identitätsnachweis:</b>	<input type="checkbox"/> Studierendenausweis lag vor <input type="checkbox"/> Sonst. Ausweis lag vor
<b>Bearbeitet von:</b>		<b>Datum:</b>	