Birkbeck Library membership form



Library Services will collect and hold data relating to your use of the library. Full information on the data that the College collects is available at http://www.bbk.ac.uk/about-us/policies/privacy.

Your college/university:									
Who are you?									
☐ Visiting student	Degree: (e.g. BA, BSc, MA)								
Visiting staff									
Birkbeck staff	Department								
Student assistant (dise	ability and dyslexia)								
·	eme are you joining under? Id present appropriate docume	entation when applying for membership.							
HE Institution (We offe	r reference access to all public	ly-funded higher education institutions)							
SCONUL Access	☐ Visiting scholar/ Rese	arch student 🗌 Access25							
Honorary/Visiting staf	f 🔲 Honorary Life membe	er Governor/Fellow							
Your details: (PLEASE USE	BLOCK CAPITALS ONLY)								
Title: First r	name:	Surname:							
UK Home address:		Postcode:							
Email:		Contact no:							
Yes No	or particular need that mean to contact you to discuss this?	s that you require extra assistance?							
I agree to abide by Libr	<u> </u>	ns, which are available on the College web http://www.bbk.ac.uk/its/regulations							
Signed		Date							

Library Use Only

Barcode number											
Personal ID check Personal photo ID Identification from College/University											
Access Schemes											
SCONUL Access 'approved' email (borrowing): Band A Band B Band C											
Access25 (M25 Consortium)											
Birkbeck visiting scholar/research student											
Birkbeck Honorary/visiting staff											
Governor/Fellow											
Honorary life member (expiry date 5 years from date of joining)											
Birkbeck Staff (ID card without barcode, letter/contract/small photo required)											
UK HE Institution (Reference) or Sconul Access 'approved' email (Band R)											
Borrower Type											
002 Borrowing											
003 Borrowing (BBK Staff only – honorary research/teaching fellow/visiting)											
004 Reference											
							_				
Institution or department code:							Expiry d	late:			
Date form processed:							Staff initials:				

Please note: Expiry date should be Sept 30th of the current academic year <u>or earlier</u> (as indicated on ID/form/letter/contract).