

**For the purposes of registration at Senate House Library.**

**ACADEMIC STAFF**

This is to confirm that the following person is a member of academic staff at Birkbeck. Please register him/her for membership of Senate House Library. This form must be presented with a Birkbeck staff card.

Name:

Department:

Please indicate which applies:

Full-time academic staff 🞏

Part-time academic staff 🞏

Sessional lecturer 🞏

Visiting lecturer or professor 🞏

Other (please specify)

(If the position is temporary) Please register until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please take this form with your staff card to the Membership Desk at Senate House library in order to register.**