CCF Alumni Library Account – REGISTRATION for regular badges

PLEASE, PRINT CLEARLY, SIGN & FAX with a CLEAR copy, front and back, of CCF ID BADGE to 216-444-0271

Employee Number (from badge) ___ ___ ___ ___ ___ ___

Name: _____
Last Name *First Name*

E-Mail address: _____
(NOTE: this is where courtesy and overdue notices are sent, PLEASE PRINT CLEARLY)

CCF Department: _____ Desk/Office Mailcode _____

CCF Extension: _____ Pager: _____

Home address: _____

_____

Home phone number: (_____) _____

I understand that I am responsible for returning or renewing all materials checked out to me by the date they are due. I am responsible for any overdue fines on materials checked out to me, and I UNDERSTAND THAT THE COST OF UNRETURNED MATERIALS MAY BE DEDUCTED FROM MY PAYCHECK. I agree to update the above information if it changes, and to check out with the Library when I am no longer employed by the Cleveland Clinic.

Signature: _____ Date: _____

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LIBRARY STAFF USE ONLY: O M O F ***(ALWAYS photocopy ID badge)***

Does patron already have an III account? (ptype 8 or expired) O *yes* O *no*

Patron category (ptype): _____ **Expiration date:** _____
(Barb/ Deanna will assign)

Notes:

Library Staff taking information: _____ Data input on: _____ By: _____