

ID Card Expires On: \_\_\_\_\_

**D'azzo Research Library Registration**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Organization/Office Symbol: \_\_\_\_\_

Office Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Bldg # \_\_\_\_\_

Work Address (if not on base):  
\_\_\_\_\_

US Citizen: Yes / No (Circle one)

Civilian / Military / Contractor (Circle one)

Faculty / Student / Staff (Circle what applies)

**AFIT CONTRACTOR / FACULTY USE ONLY**

Company Name/Faculty's School: \_\_\_\_\_

Contract Monitor/Sponsor: \_\_\_\_\_

Exp Date of Contract: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR LIBRARY USE ONLY**

- Library card completed
- In Millennium
- Patron received card

BARCODE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Chapter 31, Title 44, USC Sec 3101

**PRINCIPAL PURPOSE(S):** To record identity of individuals checking out library material from activity

**ROUTINE USES:** Information will be used to verify that requestor is eligible user and to locate individuals failing to return library material within the agreed time.

**WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is voluntary. Failure to provide the information may restrict individual's to check out material.