



WEST INDIES SCHOOL OF THEOLOGY- NICHOLSON LIBRARY

REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME: _____
(SURNAME) (FIRST) (MIDDLE)

HOME ADDRESS: _____

CONTACT INFORMATION:

Home/Permanent Phone: () -	Cell Phone () -
Work Phone: () - Ext:	Fax Number () -
Email Address:	

I.D NUMBER: _____

SECTION B –STATUS

Major <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Friend of WIST <input type="checkbox"/> Other _____ _____ _____	Programme Level <input type="checkbox"/> Certificate <input type="checkbox"/> Adv. Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____ Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Location WIST: <input type="checkbox"/> Main <input type="checkbox"/> South <input type="checkbox"/> Tobago OBIT: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Other WIST Continuing Education (Extension): <input type="checkbox"/> Arima <input type="checkbox"/> Curepe <input type="checkbox"/> Couva <input type="checkbox"/> Londonville <input type="checkbox"/> Pt. Fortin <input type="checkbox"/> Port-of-Spain <input type="checkbox"/> Rio Claro <input type="checkbox"/> San Fernando <input type="checkbox"/> Sangre Grande
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STATEMENT OF RESPONSIBILITY

I agree to:

- Comply with the library rules and regulations
- Be responsible for materials borrowed
- To pay assessed charges for items lost or damaged while on loan
- To notify the Nicholson Library of any change of address
- To return loaned materials by due date
- To return all materials and pay all charges due

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Barcode#: _____ Date: _____

Staff name: _____
(Print)

Staff signature: _____