

Preston Medical Library
University of Tennessee Graduate School of Medicine &
UT Medical Center Leased Employees

STAFF
Borrowers Registration Form
"TBR/UT Borrowers Card"

Name: *Last* _____ *First* _____ *Middle Initial* _____

Department: _____

Dept. Phone: _____ Beeper Number _____

Email _____

Permanent
Address: *Street* _____

City _____

State _____ *Zip Code* _____

Home Phone: _____

Social Security Number: _____

I have read the guidelines and agree to abide by library policies.

Signature _____ Date _____

(This information to be filled out by Preston Medical Library staff)

TBR/UT Borrowers Card # _____

Date Added to Patron Database: _____ Expiration Date: _____