

WAITE AFFILIATED STAFF LIBRARY REGISTRATION FORM

Registration Details:

Surname (Mr/Mrs/Ms/Dr/Prof): _____

Given names: _____

Organisation: _____

Division: _____

Work Address: _____

Postcode: _____

Telephone (Work): () _____

E-mail address: _____

Employment Status

Permanent (Tick Box)

☒ Contract Expiry Date.....**Terms and conditions for the use of Electronic Resources**

1. Access to electronic resources is for personal, educational or research use only and not for any commercial purposes
2. Systematic downloading of large amounts of data from these resources, and including the use of web crawler software or other automated means of downloading, is strictly forbidden
3. Failure to comply with these conditions may result in access privileges being withdrawn
4. By registering with the Library to access these resources you agree to comply with these conditions

I, _____, agree to observe the rules of the University of Adelaide Library and to abide by any sanctions which the University of Adelaide Library may impose for any breach of these rules. I am aware that, in addition to any sanctions, failure to observe the Library's rules may result in suspension of my borrowing privileges at the University of Adelaide Library. I also agree to advise the Library should I cease to be employed by the above named organisation, so that my membership can be terminated.

Signature _____

Date _____

Library Use Only

Library Barcode	
Date issued & initials	
Expiry date	
Copy of proof of employment attached – to be sent to Waite	