

REGISTRATION FOR THE USE OF THE NTNMB LIBRARY



UNIVERSITÄT
DES
SAARLANDES

Salutation/Title: _____

* Last name: _____ * First name: _____

* Date of birth: _____

CONTACT:

* Street, house number: _____

* Zip Code: _____ * City: _____ * Country: _____

* Email: _____ Phone number: _____

Alternate email: _____ Alternate phone number: _____

ALTERNATE ADDRESS: (e. g. Home Address)

Street, house number: _____

Zip code: _____ City: _____ Country: _____

* I AM A:

☐ UdS student

Subject: _____

Matriculation Number: _____

☐ UdS member

Staff Number: _____

☐ INM member

Card Number: _____

☐ External user

Personal ID Number: _____

Card Number: _____

(please leave empty, this will be issued by the NTNMB library)

* USER ACCOUNT LOGIN DATA:

Username: _____

(firstname.lastname)

INFORMATION

I agree to be notified about new NTNM Library services and offers, via

☐ Email

☐ Newsletter

ADDITIONAL SERVICES

I would like to use the following services in addition to the library's media inventory:

☐ the library of things

☐ the parent-child office

*I hereby acknowledge, that **terms of use** separate from the general terms of use apply for this purpose. By signing at the end of this page, I also accept these terms when indicating my intention to use the resources. The user regulations are posted within the premises of the NTNM Library and can also be accessed online via the library's website.*

GENERAL REGULATIONS

*I hereby acknowledge the **NTNM library usage regulations dated 29.09.2017**. I understand that I am liable for misuse of the ID card I have applied for here and that I have to pay compensation for lost or damaged media. I will immediately notify the library in case of card loss or change of address.*

I hereby consent to the storage and processing of the data provided above for proper use in the loan system, as well as for loan relevant notifications to me. I have noted, that only fields marked with asterisks () are mandatory. I have voluntarily provided all other information in order to be able to use additional library services, if necessary. I have been informed that I can withdraw my consent at any time according to §4 paragraph 2 Saarland Data Protection Act - SDSG. I have also been informed that additional information, such as log data, will be processed in addition to the data provided on this form.*

Place, Date _____

Signature _____

LEAVE EMPTY, THIS WILL BE ISSUED BY THE NTNM LIBRARY:

Date of entry to the library system: _____

Entry done by: _____