HOCHSCHULE KOBLENZ

Library Registration Form

First name: .....

Surname: .....

Library number: .....

Title (Prof./Dr.): .....

Gender: ☐ Female ☐ Male ☐ Diverse

User-Group:

- ☐ Student RAC
- ☐ Distance learning student RAC
- ☐ Staff
- ☐ Student RMC
- ☐ Distance learning student RMC
- ☐ External user

Date of birth: .....

E-Mail adress: ..... @hs-koblenz.de

Adress: Street & No.: .....

Town, city: .....

Post code: .....

optional:

2. Adress: Street & No.: .....

Town, city: .....

Post code: .....

OpenLibrary notice:

I accept the user regulations governing the Koblenz University of Applied Sciences Library Services as well as the terms of use of the Open Library. My signature also confirms I will be liable for any improper use of my student ID card. I agree to the processing of the data provided above in order to establish and maintain my library account.

Date & signature of user
(for minors: signature of a legal representative)

- Please send the form together with a picture of your students-ID and a proof of adress to ausleihe@rheinahrcampus.de