

ARISTOTLE UNIVERSITY OF THESSALONIKI
SCHOOL OF CHEMISTRY
LIBRARY

LIBRARY CARD APPLICATION FORM

Library¹ :
Card No.¹ :
Borrower Type¹ :
Surname :.....
First Name :.....
Father's Name :.....
Passport Number :..... Student ID:.....
Home Phone :..... Mobile Phone:.....
Position Title :.....
E-mail :.....
Year of Registration :.....
Home Address (Temporary):.....
.....
.....
Home Address (Permanent):.....
.....
.....

1. The Library Card is strictly personal.
2. The individual who signs the application form implies the acceptance of Regulation of Library System.
3. If you lose your Library Card, please notify the Library immediately, so that we can prevent unauthorized use of you Library Card account.
4. Routine corrections, changes and enquiries should be directed to the Library.
5. Information collected on this form is required for the Library to process your request. According to Law 2472/97, Library will treat this information as confidential and will not disclose it to external use.

Please attach with the application a photo in order to obtain the card.

Date: _____

Signature

¹For Office use only