

| Master data sheet: STATUS | | | USER-ID | |
|--|---------------|---------------------------------|---------|---------------|
| Surname | Given name(s) | | | Date of birth |
| Matriculation or identification number | | University or issuing authority | | |
| Address | | | | |
| Street name/house number | | Postal code/city | | |
| Email address | | Telephone number | | |
| By signing this form I confirm the receipt of the library card and agree with the library terms of use and privacy policy. | | | | |
| Date | | Signature | | |
| Date | | o.g.iatare | | |