



FACULTY/STAFF REGISTRATION

User ID _____

Please Print

Last Name _____ First Name _____ M.I. _____

Office Telephone # _____ Division/Instructional Area _____

Home Address _____ Home Phone _____
Street City Zip

Business Address (If not on campus) _____
Street City State Zip

Email Address _____

Full-time Faculty _____ Adjunct Faculty _____ Full-time Staff _____ Part-time Staff _____

I have received a copy of the Northeast Community College Library Resource Center "NECC Faculty and Staff Library Rights and Responsibilities". By signing this application request, I accept my rights and understand my responsibilities as a registered borrower of this library.

Applicant's Signature Required

Date of Application

<p>FOR OFFICE USE:</p> <p>Date entered in WorkFlows _____ By _____ Verified by _____</p>
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