

**For the purposes of registration at Senate House Library.**

**ACADEMIC STAFF**

This is to confirm that the following person is a member of academic staff at Birkbeck. Please register him/her for membership of Senate House Library. This form must be presented with a Birkbeck staff card.

Name:

School:

Please indicate which applies:

Full-time academic staff o

Part-time academic staff o

Sessional lecturer o

Visiting lecturer or professor o

Other (please specify) o

(If the position is temporary) Please register until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send this form to the** **Membership Desk at Senate House library** **in order to register.**