

RYERSON UNIVERSITY LIBRARY & ARCHIVES

Instructions:

- 1 Please complete Sections 1 and 2 and choose the applicable category.
- 2. Return completed form to the Library Circulation Desk.
- 3. Please bring Ryerson One Card and proof of address

Visiting Scholar	1	RA/TA						Other						(Please Specify)							
Section 1: Identi	fication Infor	mati	on																		
Surname (please print)																				
First Name											l N	Iido	ile	Ini	tia	1:					
Address: Street	:																				
City/P	Prov.										F	ost	al	Cod	le						
Mobile Telephone No			-				-														
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By signing below, I agree Applicant's Signature Section 2: Authori I am requesting that	zation (must the Library ex	pe co	mpl bor	etec	l by	y tl	ne C	hai	Ir/Di	Date irec the	tor o	f th	ne S	Sch	ool ınt	l/Γ in)epa	art:	me	_	
School / Department of for the time period from to (up to one year). Date to (up to one year). I understand that the School/Department's Office will be responsible for any outstanding library fines or penalties that may be incurred with this card. * NOTE: For online access to library e-resources/my. ryerson set-up, please contact CCS or email help@ryerson.ca																					
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		For Library Use ONLY Staff Initial:																			