

## **CAVAL Reciprocal Borrowing Program**      **Registration/Enrolment Form**

FIRST NAME		
FAMILY NAME		
Postal Address		
		Postcode
Telephone No.		
Home Institution		ID Number
Email address		Staff/PG <input type="checkbox"/>

I wish to register/enroll as a Reciprocal Borrower. I have read the rules and regulations and I accept that in the event of failure to abide by them I will be responsible for payment of any fines or other charges incurred. I will notify all relevant libraries of any change of address.

Signature		Date	
Enrolled by: Name		Borrowing	
		Expiry Date	

The CAVAL Reciprocal Borrowing Program is subject to the Information Privacy Act 2000 (Vic.) and the Privacy Act 1988 (Cth.). The participating Libraries are committed to protecting your privacy. The personal information you agree to provide when you enroll will be shared between the Libraries in relation to the provision of lending services, including mechanisms for the recording and payment of any outstanding debts in relation to overdue or lost items. You may access such information upon request at your Home Library.

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