

RELATIONSHIP FORM

Please attach one Photograph here

Gad & Birgit Rausing Library Faculty/Staff Membership Services

□ SDSB	☐ MGSHSS	☐ SBASSE	☐ SAHSOL	
Tick One of the Following Categories:				
Faculty	Visiting/Adjunct Facu	lty □ RA/TA	□ Staff □	Other
Department Designation De				
Tick One of the Following Categories:				
□ Permanent		Contract from /	/ to	/ /
Other (Please specify)				
Name: (In Block Letters)				
Father's Name:				
Home Address				
Phone #		Ext:	Mobile #	
Official E-mail: Signature:				
Alternate E-mail:				
For Office ose Offing				
☐ Faculty		Employee Code:		
		Name:	Signature:	
U Visiting / Aujun	ict i acuity			
☐ Staff		Membership No.		
□ RA				
□ TA		Date of Expiry:		—
Other:		Signature:	Circulation Services	
On culation del vices				
	Permanent Tick One of the Foll Permanent Other (Please spectors) Name: (In Block Letter) Father's Name: Home Address Phone # Official E-mail:	Tick One of the Following Categories: Faculty Visiting/Adjunct Faculty Visiting/Adjunct Faculty Visiting/Adjunct Faculty Visiting / Adjunct Faculty Visiting / Adjunct Faculty Staff RA TA	Tick One of the Following Categories: Faculty Visiting/Adjunct Faculty RA / TA Department Designatio Tick One of the Following Categories: Permanent Contract from / Other (Please specify) Name: (In Block Letters) Father's Name: Home Address Phone # Ext:	Tick One of the Following Categories: Faculty Visiting/Adjunct Faculty RA / TA Staff Department Designation Tick One of the Following Categories: Permanent Contract From / / to Other (Please specify) Other (Please specify)