



LIBRARY CARD APPLICATION: RESEARCH ASSISTANT

Complete the information below, print the form then sign it. It may be dropped off at the Osgoode Library circulation desk. If you wish to email it then please scan the completed form and send it to: rservices@osgoode.yorku.ca.

Osgoode Faculty Member Information

Surname _____ First Name _____

Office Number _____ Telephone _____

Email Address _____

RA's Duration of Employment:

Begin (dd/mm/yyyy) _____ End (dd/mm/yyyy) _____

I hereby take full responsibility for this card, and for all transactions incurred.

Faculty Signature _____ Date (dd/mm/yyyy) _____

Research Assistant Information

Surname _____ First Name _____

YU Card Number: _____

Home Address _____

Telephone _____ Email Address _____

RA Signature _____ Date (dd/mm/yyyy) _____

OFFICE USE ONLY:

Card Number _____ Date of Issue _____ Expiry Date _____

Processed by _____