



Library Membership Application Form – Secondary School Students (Please print)

Date		
Surname	First Name	
Postal address		
		Tel:
Email address		
School		
I, the undersigned, agree to abide by the University collections at the Library, La Trobe University.	Library Regulations i	n relation to borrowing from available
Signature_	Date	
To be signed by a parent or guardian if student is under 18 years	s of age	
I understand thatis compliance with University and Library rules and restudent photo ID card if you have one so that a library have an acceptable student card, you need to purch	gulations is a condition ary barcode may be a	on of membership. (Bring your current school ttached to your school ID card. If you do not
I verify thatundertaking a VCE subject or Teacher at this school		1 or Year 12 student or Year 10 student propriate) at
To be signed by the Principal of this School		
Signed	Date	
La Trobe University Library borrowing rights (The Li Library material by the Guardian / School): Yes	brary will be indemni	fied for late return fines, loss or damage to
Policy Information:		
Library Statute 2009 <a href="http://www.latrobe.edu.au/data-align: reference of the company o</td><td>ata/assets/file/0005/1</td><td>55417/Library-Statute-2009.pdf</td></tr><tr><td>Use of Computer Facilities Statute 2009 http://www.Facilities-Statute-2009.pdf	.latrobe.edu.au/ da	ata/assets/file/0003/155424/Use-of-Computer
Privacy Statement http://www.latrobe.edu.au/statem	nents/privacy	
BRARY USE ONLY		
ser Group:	Expiry Date:	
imary ID:	Barcode:	
ew Member OR Renewal (Please circle one)	Staff Initials:	
ate:		