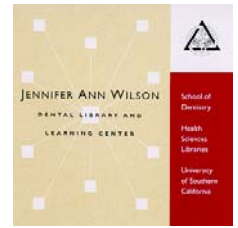




University of Southern California
 Wilson Dental Library and Learning Center
 925 W. 34th Street • Los Angeles, CA 90089-0641
 Telephone (213) 740-6476



Faculty/Staff/Non-Dental Students Registration

PLEASE PRINT

			- -
Last Name	First Name	Middle Init	Social Security No.

BORROWER AFFILIATION (CHECK ONLY ONE):

<p>SCHOOL OF DENTISTRY</p> <p><input type="checkbox"/> Faculty: Full-Time [dfac...df]</p> <p><input type="checkbox"/> Faculty: Part-Time [dfacpt...dfpt]</p> <p><input type="checkbox"/> Faculty: Volunteer [dfacpt...dfpt]</p> <p><input type="checkbox"/> Staff [dstaff...dstf]</p> <p>HEALTH SCIENCES (HSC)</p> <p><input type="checkbox"/> Faculty: Full-Time [nfac...m01-m10*]</p> <p><input type="checkbox"/> Faculty: Part-Time [nfac... m01-m10*]</p> <p><input type="checkbox"/> Faculty: Volunteer [nfac... m01-m10*]</p>	<p>NON-HEALTH SCIENCES (UPC)</p> <p><input type="checkbox"/> Faculty: Full-Time [nupcfac...m57]</p> <p><input type="checkbox"/> Faculty: Part-Time [nupcfac...m57]</p> <p><input type="checkbox"/> Faculty: Volunteer [nupcfac...m57]</p> <p><input type="checkbox"/> Staff [nupcoth...m58]</p> <p><input type="checkbox"/> Student: [nupcoth...m58]</p> <p>HEALTH SCIENCES (HSC)</p> <p><input type="checkbox"/> Staff: [nst... m32-m41*]</p> <p><input type="checkbox"/> Student: [nst...m11-m31*]</p>
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* see NML tables

ADDRESSES:

USC Address: E-Mail: _____

Undergraduate BS MS MD PhD Other: _____

Medicine Nursing Occupational Therapy Pharmacy Physical Therapy

Other: _____ Major Program Name: _____

Department: _____ Phone: _____

Building/Room No.: _____ Mail Code: _____ Fax: _____

Business or Current Local Address:

Number and Street Name Apartment/Suite No.

City, State, Zip Code

(____) _____ (____) _____

Phone Pager/Cell

Home or Permanent Address:

Number and Street Name Apartment/Suite No.

City, State, Zip Code

(____) _____ (____) _____

Phone Pager/Cell

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Signature **Date**