

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

FIRST NAME _____

FAMILY NAME _____

Postal Address _____ Postcode _____

Telephone _____

Home Institution _____ ID Number _____

Email address _____ Staff/PG

I wish to register/enrol 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. I have read and understood the PRIVACY STATEMENT below and agree that the information provided may be used in the manner described.

Signature _____ Date _____

Enrolled by: Name _____ Borrowing Expiry Date _____

The CAVAL Reciprocal Borrowing Program is subject to the Privacy and Data Protection Act 2014 (Vic) and the Privacy Act 1988 (C'wealth). The participating libraries are committed to protecting your privacy. The personal information you agree to provide when you enrol 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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