

Application Form

Last name:					
First name:					
Address:	Frau	Herr	none		
Title:					
Date of birth:			-		
Mail to:	Address1		Address 2	Address 3	
Address 1	Meldeadresse		Address 2	Address 5	
c/o					
Street/P.O. Box:					
Postal Code, City					
Telephone:					
Address 2	Address at unive	ersity (n	nembers of staff or	nly)	
Department/School:					
P.O. Box:					
Telephone:					
Address 2					
Address 3	Further address	es			
0.0					
Street/P.O. Box:	-				
Postal Code, City:					
Telephone:					

University E-Mail					
	(obligatory for students and staff of Erfurt University)				
E-Mail					
(external users)	(obligatory for receiving reminders and notifications free of charge)				
User group:					
Student of Erfurt l	Jniversity Matrikelnr.:				
Member of staff					
Graduate of Erfurt	University				
Others					
Visitor					
Research Library (Ber accept that I will be h reported to the librar by the library in acc	terms and conditions regulating the use of Erfurt University Library and Gotha nutzungsordnung). These terms and conditions are publicly available. With my signature I neld responsible for any misuse of my library card, also in case of loss and theft if not ry immediately. My personal data are saved and used for administrative purposes cordance with the above mentioned regulations. I agree to the electronic storage and ata (name and user number) to other libraries for purposes of inter-library loan.				
Erfurt	Unterschrift				
Please note our inform	nation on data privacy protection: https://www.uni-erfurt.de/index.php?id=963				
7 A man ald	Von der Bibliothek auszufüllen				
Zur Anmeldung wur ☐ Studierendenausw					
☐ Personalausweis					
□ Reisepass					
☐ Meldebestätigung					
☐ Aufenthaltstitel					
☐ Schülerausweis					
☐ Einverständniserkl	ärung der Eltern				
Benutzerausweisnr.	:				
Datum / Kürzel					

Stand: Mai 2020