



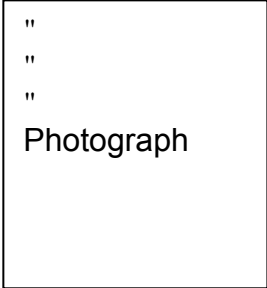
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"Planning & Information Services
Library & Student Support"
.....
Academic Partnerships Team

Application to access LJMU facilities from a member of staff at a Partner Institution

Please write clearly and in capitals. ALL details must be supplied for registration to be completed.

Title: **Surname:**
First Name: **Middle Names:** **Date of birth:**

Home Address: (including postcode)



Name of Partner Institution:

Institution address:

Position held at Institution:

LJMU validated programme(s):

I agree to abide by LJMU rules and regulations
(signature of applicant)

Please post my card to my Institution address /
I will collect my card from the following LJMU LRC (Aldham / Avril / Marsh)
Please delete as appropriate

Teaching and Administrative Staff:
Please send your applications, together with a photograph to:
Academic Partnerships Team,
2nd Floor, Kingsway House, Hatton Garden, Liverpool, L3 2AJ

Library Staff:
Please send your applications to:
Staff Development and Partnerships Manager, LJMU,
Aquinas Building, Maryland Street, Liverpool L1 9DE

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LJMU Verification

Ion behalf of L&SS / Academic Partnerships Team verify that the above named should be issued with a LJMU access card.

Print Name in Capitals:

Position held at LJMU : **Tel:**

(After LJMU verification send the form to E. Moffitt, CIS, JMU Tower)