

THE UNIVERSITY OF  
**MEMPHIS**  
The University Libraries

Circulation Department / 678-2205

LAPTOP REGISTRATION FORM

Please print or type:

Name \_\_\_\_\_

ID Barcode # 22109 \_\_\_\_\_

Status: Graduate \_\_\_\_\_ Undergrad \_\_\_\_\_ SSN# \_\_\_\_\_

Campus Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

U of M Email address \_\_\_\_\_

My signature below indicates that I have read the laptop guidelines and take full responsibility of this equipment while checked out in my name.

\_\_\_\_\_  
Student's Signature Date

\*\*\*\*\* Library Staff Use Only\*\*\*\*\*

Checked by \_\_\_\_\_ DBCN# \_\_\_\_\_ Date \_\_\_\_\_  
(Staff Initials)

**Note: Laptop Checkout will not be allowed one hour prior to closing**