

Application for ALCID Reader's Ticket

Please issue me with an ALCID Reader's Ticket which will, I understand, provide me with access to the Libraries of DCU, TCD, UCD, Maynooth University, Royal College of Surgeons in Ireland, Royal Irish Academy, UL, NUI Galway, UCC, TU Dublin, Mary Immaculate College, St. Angela's College Sligo, NCAD, DIAS and Ulster University on production of the ALCID Card and my home institution I.D.

I certify that I am eligible for an ALCID card as a member of the full-time academic-related staff or as a registered student for a higher degree at this institution.

I agree to familiarize myself with and observe the regulations of the libraries which I visit using my ALCID card and accept that any reported breach of regulations in the other participating libraries may lead to exclusion from the ALCID scheme and/or the imposition of penalties equivalent to those which would apply for similar breaches of the regulations.

I understand that possession of an ALCID card does not give me borrowing rights outside my home library.

I have read and I consent to the processing of my data by the Library

Signed: _____ Date: _____

SECTION A (To complete):

Surname: _____ Title: _____
Forenames: _____

Status: Please tick

Full-time academic Academic Related
Doctoral Masters Research Student Taught Masters student

Department _____
Library Card Num _____
Expiry Date _____

SECTION B (For completion of Library Staff)

Library Card checked (initial) _____
ALCID card no _____
Expiry Date of I.D. Card _____
Issued by _____
Date _____