


## Library Registration Form & Privacy Act Statement

<b>AUTHORITY</b>	5 USC Section 301 and EO 9397
<b>PRINCIPAL PURPOSES</b>	To account for borrower property from the library.
<b>ROUTINE USES</b>	To be used by library staff when contacting the borrower to ensure timely return of property. Information may be released to Comptroller or Judge Advocate claims personnel in order to secure payment for property which is lost, damaged, or destroyed.
<b>MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON THE INDIVIDUAL NOT PROVIDING INFORMATION</b>	Providing information is voluntary. However, individuals who fail to provide this information can still use library resources in the library but will not be allowed to checkout library materials.

 **I (check one)  agree /  disagree with this use of my personal information. I agree to abide by library lending, use, and copyright rules.**

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*Printed Name (LAST NAME, FIRST, MIDDLE INITIAL )*

*Rank / Mr. or Ms.*

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*Email address*

*Phone number*

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*MAMC Department **or** Unit + command POC + unit phone number*

*CAC expiration (drop down)*

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*Signature*

**STEP 1: Complete this form in Adobe Acrobat**

Mail to: [usarmy.jblm.medcom-mamc.mbx.medlib@mail.mil](mailto:usarmy.jblm.medcom-mamc.mbx.medlib@mail.mil)

**STEP 2: Go to the Medical Library**

Get a brief orientation.

Get our initials on your in-processing paperwork.