



Inspiring Innovation and Leadership

# KARATINA UNIVERSITY

## LIBRARY DEPARTMENT

### LIBRARY USER FORM

**PART A: (To be dully completed by the student)**

NAME: .....

(Surname, First, Middle)

GENDER:  Male  
 Female

SCHOOL: .....REG/PFNO: .....

YEAR OF STUDY: ..... SEMESTER: .....

ID/BIRTH CERTIFICATE/PASSPORT NO.....

P.O. BOX: ..... CODE: ..... TOWN: .....

MOBILE PHONE: (+254).....

HOME/AREA OF RESIDENT: .....

E-MAIL ADDRESS: .....

CATEGORY (Tick one)

- Full Time    School Based    Post Graduate    Teaching Staff    Non-teaching staff
- Part Time    Distance Learning Mode

**PART B: Name and Address of Contact Person/ Sponsor/ Guardian/ Employer**

NAME: .....

P.O. BOX: .....CODE: ..... TOWN: .....

MOBILE PHONE: .....

I accept to abide by the library rules and regulations in force at the time of my registration.

Signature.....Date.....

**PART C:**

**(OFFICIAL USE ONLY)**

LIBRARIAN: ..... SIGN.....

LIBRARY: .....