



ATILIM ÜNİVERSİTESİ
KADRIYE ZAIM KÜTÜPHANESİ

R.O.T

ATILIM UNIVERSITY

KADRIYE ZAIM LIBRARY

VISITOR REGISTRATION FORM

No : _____

Personal Information

TR ID No : _____

Name/Surname: _____

Date of Birth : _____

Place of Birth : _____

Sex : _____

Home Address: _____

Educational Background: High School Undergraduate Master PhD. Other

Occupation : _____

Institution/Organization: _____

Home Phone : _____

Mobile Phone : _____

E-mail Address: _____

License Plate : _____

I would like to be a member of Kadriye Zaim Library. The information, provided above by me, is true and complete. I accept and declare that I will comply with the campus rules of the University and be subjected to administrative and procedural acts in case of the breach of membership terms and conditions.

Kindly submitted for necessary action.

Date : ____/____/20__

Signature :

Name/Surname: