

Sponsor _____

(Last)

(First)

(MI)

(Rank)

DEROS _____ / _____ / _____

(Month)

(Day)

(Year)

Army in Europe Library Registration (AE Reg 215-10)

 Branch of service Army Air Force Marines Navy Military other country _____ Other
Sponsor
birth date
 _____ / _____ / _____
 (Month) (Day) (Year)

E-mail

 (AKO/DKO preferred)

 Personal mailing
address
(APO preferred)

 (ZIP code)

Organization/unit

Personal

Home phone

Work phone

Cell phone

Other phone

Family members

Family members listed below are authorized to use the library.

Name	Relation	Date of birth	Disallow?		E-Mail address
			Computer	DVD	
1.			<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

Please fill out additional registration cards for more Family members.

Read, date, and sign on the back.

Patron Responsibility Statement

I hereby agree to comply with all rules and regulations of the library. I will be responsible for replacement of or reimbursement for lost or damaged materials borrowed by myself or by my authorized Family members, according to AR 735-17.

Data Required by the Privacy Act of 1974

Authority: 5 USC 552

Principal Purpose(s): To maintain accountability for library materials by allowing identification of borrowers.

Routine Uses: Preparation of overdue notices and follow-up advising borrowers when specific information or materials requested are available. Record for loaning recordings, headsets, typewriters, etc., for in-library use.

Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information: Provision of information is mandatory. Person may read materials within the library but will not be allowed to borrow from the library if he or she does not provide required information.

Computer Use

I hereby agree to the Army in Europe Library computer use policy. You may request a copy of the policy from the library staff.

_____ Name	_____ *Signature	_____ Date
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*With my signature I agree to the policies mentioned above.

For Office Use Only

Assigned borrower IDs: Sponsor

_____	1. _____	2. _____
3. _____	4. _____	5. _____

Comments

_____	_____	_____
Initials	Date	