



Borrower Registration

*Library materials are provided for information only and should not be construed as medical advice.
The lending period is three weeks; items may be renewed by contacting the Library.*

PLEASE PRINT:

NAME: _____
First **Last**

You may skip this section if you have registered before and your information has not changed.

WHICH OF THE FOLLOWING BEST DESCRIBES YOU? (check any that apply)

- I am currently receiving treatment at the Cancer Center of Santa Barbara (CCSB)
- I am currently receiving treatment, but at another hospital or clinic other than CCSB
- I am currently post-cancer treatment
- I am a family member, friend or loved one of a person with cancer
- Other: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (preferred contact number): _____

EMAIL: _____

Date item(s) checked out: _____

Borrowed Items:

Title/copy#: _____

Title /copy#: _____

Title/copy#: _____

I understand that I am responsible for all materials checked out in my name and that items are not transferable to another person. I agree to pay the replacement value cost if a borrowed library item is lost, damaged or stolen.

Signature: _____