

## Book Delivery Customer Registration

Lister Hill Library Books to Lister Hill Library at University Hospital (LHL@UH)

Name: \_\_\_\_\_

Department: \_\_\_\_\_

UAB

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email-*(used to notify you for book pick-up)*: \_\_\_\_\_

What is the most effective way to reach you? \_\_\_\_\_

I am a: \_\_\_ faculty member; \_\_\_ staff member; \_\_\_ student; \_\_\_ medical resident

**I have read the Book Delivery policy and understand the process and my related responsibilities.**

**I am including a copy of my UAB ID for verification purposes**

Return completed forms to: LHL@UH  
WP P235  
Fax: 934-1316