

Registration / renewal for the use of the Hannover Medical School (MHH) Library for Graduating Students

Mrs.

Mr.

Target Graduation

Name:

First Name:

Date of Birth:

Address (private):

Email:

Phone (optional):

I agree on the use of my personal data (gem. § 4, Abs. 1, Nr. 2 des Nds. Data Protection Act) by the cooperating libraries of the [HOBSY-Network](#).

I respect the [regulations for the use](#) of the Hannover Medical School (MHH) Library as well as for the particular libraries of the HOBSY-Network.

In case I use Interlibrary Loan/Delivery Service my personal data can also be processed in Loan/Delivery-system.

With the admission to the use of the library you receive the authorization to access the licensed electronic media from the outside the campus.

It is not allowed to pass the login credentials down to third party.

Date/Signature

to fill from the library

Promotionsstudierende/r:

OUS: _____

Barcode: _____