



APPLICATION FORM

<i>Last name</i>	
<i>First names</i>	
<i>Date of birth and Passport number (or Social security number)</i>	
<i>E-mail address</i>	
<i>Street address</i>	
<i>City and postal code</i>	
<i>Telephone number</i>	

Organization:

<i>Salpaus Further Education</i>	<input type="checkbox"/>	<i>Lahti University of Applied Sciences</i>	<input type="checkbox"/>
<i>Diaconia Polytechnic</i>	<input type="checkbox"/>	<i>Lahti Parish Social Services College</i>	<input type="checkbox"/>
<i>LREC/Consortium Level Services</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>
<i>Student</i>	<input type="checkbox"/>	<i>Staff</i>	<input type="checkbox"/>
		<i>Other</i>	<input type="checkbox"/>

I agree to abide by the Information Centre regulations

<i>Date</i>	<i>Signature</i>
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To be filled by library staff

<i>Identification used:</i>	<i>Customer's card:</i>
<i>Official identity card</i> <input type="checkbox"/>	<i>Masto</i> <input type="checkbox"/>
<i>Driver's licence</i> <input type="checkbox"/>	<i>Lakki</i> <input type="checkbox"/>
<i>Passport</i> <input type="checkbox"/>	<i>Lahti City Library</i> <input type="checkbox"/>
<i>KELA-card with photo</i> <input type="checkbox"/>	
<i>Received by:</i> _____	