

(Number \_\_\_\_\_)

Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

## Friends of the Library Application

To: Sophia University Head Librarian

I would like permission to become a member of the Friends of the Library for the purpose of doing research. I agree to follow the library rules.

(Fill in blanks within bold lines. Print clearly. Submit the completed application form at the Circulation Counter in person. Do not send it by mail. To inquire about the result of your application, phone 03-3238-3510 in about five days after applying. After the Head Librarian has given approval, you must come to the library within three months to register.)

※ We don't use your personal information other than this application purpose.

<b>Name:</b>	Seal or Signature	<b>Category:</b>
<b>Birthday:</b> Year      Month      Day (Age:      )		1. Check-out service is available. 2. Check-out service is not available.
<b>Residential affiliation:</b>		
<b>Telephone:</b>	<b>Mobile Phone:</b>	
Institutional affiliation		
<b>Address:</b>	<b>Name of institution:</b>	
<b>Telephone:</b>		
<b>Job title:</b>		
<b>Research topics</b> (Be specific):		

- Applicants who wish check-out service (5 books for 2 weeks) are required to have a guarantor.    • annual fee: 6,000 yen
- Applicants who don't wish check-out service are not required to have a guarantor.  
• annual fee: 6,000 yen or 6months fee:3,000yen

※A consumption tax is required separately.

### Guarantor 保証人誓約書

(A guarantor must be a full-time faculty or staff member of Sophia University.)

上記申請者の貴館利用に関し、貴館に損害を与えたときは、その責任を負うことを誓約いたします。

氏 名 \_\_\_\_\_ 印 \_\_\_\_\_ 20\_\_\_\_年\_\_\_\_月\_\_\_\_日  
 1. 専任教員      2. 専任職員  
 学 部      学 科  
 所 属 1. 大学    2. 短大    3. 社専    4. 目白聖母 : \_\_\_\_\_ 局 \_\_\_\_\_ 内線 \_\_\_\_\_

利用者番号	館 長	事務長	主 幹	主 幹	学術情報	情 報 サービ	担 当

館長決裁

1. 許 可      2. 不許可 (理由 : \_\_\_\_\_)  
 決裁日 : \_\_\_\_\_年\_\_\_\_月\_\_\_\_日