

## Application for an ALCID Card

Please issue me with an ALCID card which will, I understand, provide me with access, but not borrowing rights, to the Libraries of

All Hallows College; Dublin City University; Dublin Institute of Technology;  
Dublin Institute for Advanced Studies ; Mary Immaculate College, Limerick;  
Mater Dei Institute; National College of Art & Design; NUI Galway;  
NUI Maynooth; Royal College of Surgeons in Ireland; Royal Irish Academy;  
St. Angela's College, Sligo; St. Patrick's College, Drumcondra;  
Trinity College Dublin; University College, Dublin ; University College Cork;  
University of Limerick

on production of the ALCID Card and my DCU ID.

I certify that I am eligible for an ALCID card as a member of academic or academic-related staff or as a registered student for a postgraduate degree at DCU.

I agree to familiarise myself with and observe the regulations of the libraries which I visit using my ALCID card and accept that any reported breach of regulations in the other participating libraries may lead to exclusion from the ALCID scheme and/or the imposition of penalties equivalent to those which would apply for similar breaches of the regulations.

I understand that possession of an ALCID card does not give me borrowing rights outside my home library.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Section A (Applicant to complete):

First Name \_\_\_\_\_ Surname: \_\_\_\_\_

Status: Please tick		Doctoral	
Academic		Masters Research Student	
Academic Related		Taught Masters Student	

Department/School \_\_\_\_\_

DCU ID card Number \_\_\_\_\_ Expiry Date of ID card \_\_\_\_\_

### SECTION B (For completion by Library Staff)

DCU ID card checked by \_\_\_\_\_ ALCID Card issued by \_\_\_\_\_  
Date \_\_\_\_\_