

Services for Distance Learning Students - Request Remote Access Password - NCLIVE

FORM

* Required Fields

*Library Card Number:

*Student ID Number:

ID number can be found on your registration receipt

*Last Name:

*First Name:

Middle Name:

*Email Address:

Area Code and Daytime phone number:

Area Code and Work phone number:

Area Code and Cell phone number:

Other phone number where you can be reached:

*Street Address or PO BOX:

*City and State:

*5 Digit Zip Code:

Password Delivery: email
mail the password to the above address

Non-disclosure "By submitting this form I certify that I am a currently enrolled Brunswick Community College curriculum students, and that I will not disclose the assigned password to any other person."

Agree and Submit Request Clear From

Requests will be handled as soon as possible, but please allow three working days for processing. Your Library Card will be mailed to the address you provide on this form.

Mail to : Brunswick Community College
Library (NCLIVE)
PO Box 30
Supply, NC 28462