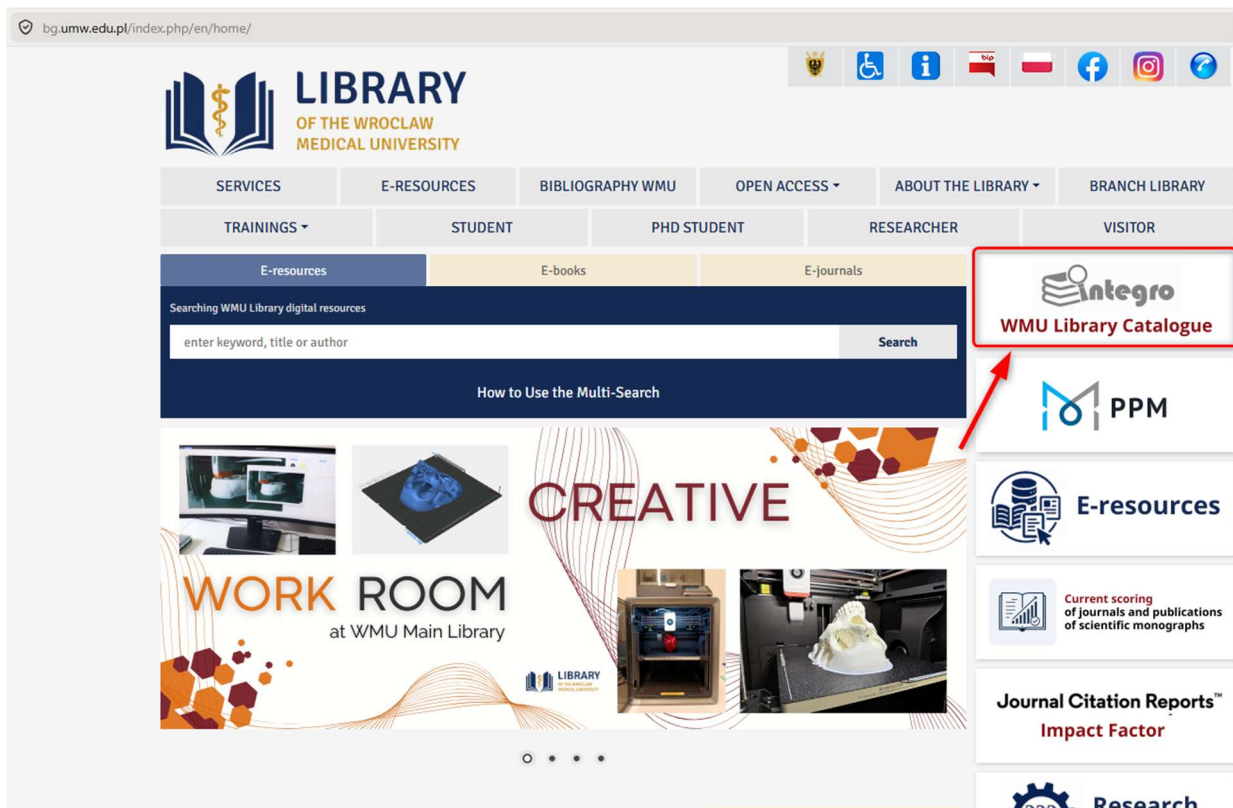


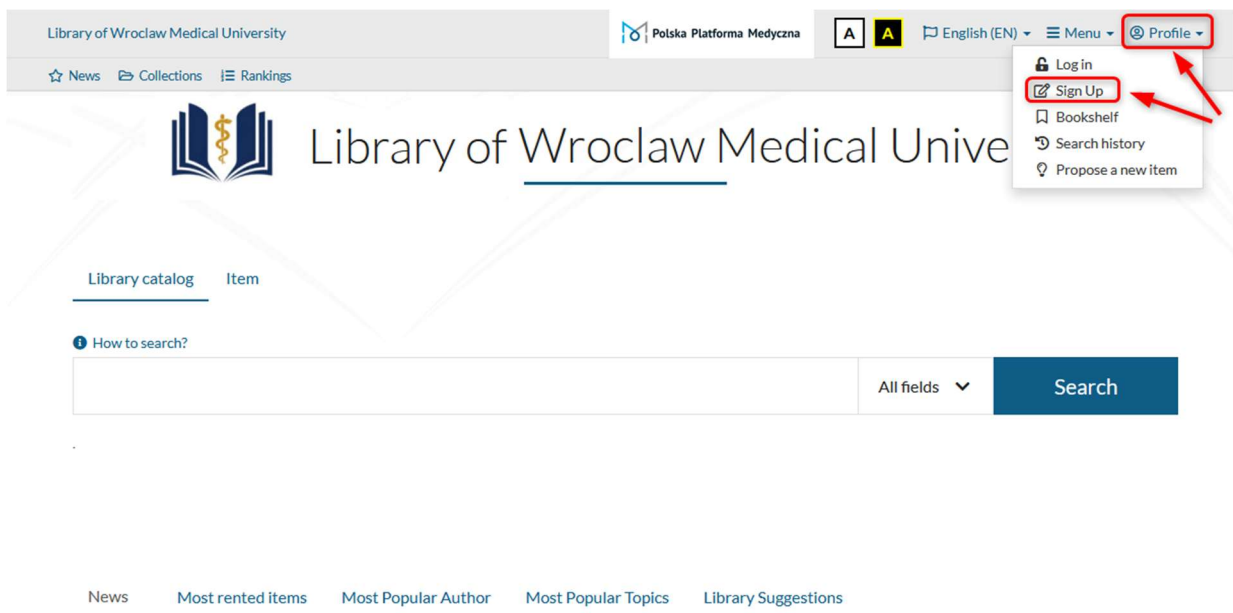
Library account registration

Go to the library website bg.umw.edu.pl

Choose **Integro Library catalogue**.



Select the **Profile – Sign Up**.



Complete the required fields. Pay attention to any errors or typos. Expand the options in the **Library department** tab and select the one that applies to you. Click **Next**.

 Library of Wrocław Medical University

 Polska Platforma Medyczna

A

A

English (EN) ▾

Menu ▾

Profile ▾

☆ News ▾ Collections ▾ Rankings ▾

All fields ▾

Search

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Library details

Personal details

Address

Password

Summary

Verification

Library

Library of Wrocław Medical University

Library department (required)

English Division ▾

Library department field cannot be empty

Lending department (required)

☒

 Wypożyczalnia Główna / Main Library

☒

 Wypożyczalnia Beletrystyczna

☒

 Czytelnia Czasopism

☒

 Czytelnia Zbiorów Specjalnych

☒

 Czytelnia Ogólna

Next >

Enter your personal information. Select the option **I do not have a PESEL number**. Click **Next**.

 Library of Wroclaw Medical University

 Polska Platforma Medyczna

A

A

English (EN) ▾

Menu ▾

Profile ▾

All fields ▾ Search

[News](#) [Collections](#) [Rankings](#)

User registration

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Library details

Personal details

Address

Password

Summary

Verification

Forename(s) (required)

John

Surname (required)

Doe

Date of birth (required)

 01/01/1996

ID type (required)

Leitymacja studencka / Student's ID ▾

ID number (required)

12345

PESEL (required)

PESEL number

☒ I do not have a PESEL number

Name of employer

Name of employer

Prefix

 +48

Phone number (required)

E-mail (required)

 john.doe@student.umw.edu.pl

Repeat email address (required)

 john.doe@student.umw.edu.pl

[< Prev](#)

Next >

Enter your Polish residential address. We don't need your home address.

User registration

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Library details

Personal details

Address

Password

Summary

Verification

Street (required)

Wojciecha z Brudzewa

Flat / House Number (required)

10

ZIP / Post Code (required)

51-601

Post office (required)

Wrocław

City (required)

Wrocław

Temporary address

Street

Street

Flat / House Number

Flat / House Number

ZIP / Post Code

ZIP / Post Code

Post office

Post office

City

City

[< Prev](#)

[Next >](#)

Set a password for your account. Click **Next**.

Library of Wroclaw Medical University

Polska Platforma Medyczna

A

A

English (EN) ▾

Menu ▾

Profile ▾

News

Collections

Rankings

All fields ▾

Search

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Library details

Personal details

Address

Password

Summary

Verification

Password (required)

••••••••••••••••

👁

Repeat password (required)

••••••••••••••••

👁

Very strong

Minimum length of password is 12.

Minimal number of lower case characters: 1.

Minimal number of upper case characters: 1.

Minimal number of digit characters: 1.

◀ Prev

Next ▶

Check that your information is correct in the Summary. If everything is OK, continue. If there are any errors, go back and correct them.

User registration

Step 1

Library details

Step 2

Personal details

Step 3

Address

Step 4

Password

Step 5

Summary

Step 6

Verification

Library details

Library	Library of Wrocław Medical University
Library department	English Division
Lending department	Wypożyczalnia Główna / Main Library Wypożyczalnia Beletrystyczna Czytelnia Czasopism Czytelnia Zbiorów Specjalnych Czytelnia Ogólna

Personal details

Forename(s)	John
Surname	Doe
Date of birth	01/01/1996
ID type	Nr albumu (Index number) / Studenci (Students)
ID number	12345
PESEL	I do not have a PESEL number
Name of employer	
Phone number	
E-mail	john.doe@student.umw.edu.pl

Address

Street	Wojciecha z Brudzewa
Flat / House Number	10
ZIP / Post Code	51-601
Post office	Wrocław
City	Wrocław

Temporary address

Street	
Flat / House Number	
ZIP / Post Code	
Post office	
City	

[< Prev](#)

[Next >](#)

Select agreement to the processing of personal data and declare that you have read the regulations of the WMU Library.

After completing all fields, select **Send**.

Library of Wrocław Medical University

Polska Platforma Medyczna

A

A

English (EN)

Menu

Profile

News

Collections

Rankings

All fields

Search

User registration

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Library details

Personal details

Address

Password

Summary

Verification

Enter the code from the image (required)

Get a new code

kuohfu

☒
I hereby agree to my personal data which are enclosed in this questionnaire being processed by Biblioteka UM Wrocław pursuant to the Act on Protection of Personal Data of 29 August 1997 (Journal of Laws [Dz.U.] No. 101, item 926 with later amendments).
(required)

☒
I declare that the regulations sharing collections in the library system Biblioteka UM Wrocław is known to me and I accept it.
(required)

I agree to the communication from the library via:

☒ E-mail
☐ Traditional mail
☐ Phone

< Prev

Send >

If a window with a five-digit number (library account number) appeared on the screen, the process was carried out correctly. The data has been saved in the system, but your library account is not yet active. You must come to the Library in person to authorize the data. You have 14 days to do so; the expiration date of your account is displayed on the screen.

Registration confirmation

Information

You have successfully registered. Your data has been saved in the database. However, your account is currently blocked and you cannot reserve or request items from the library. In order to unblock your account and gain full user privileges, please register at your library department within the next 14 days. After registration, your library department will issue you with a user card and log in details. We hope you enjoy using the Prolib system.

Your ID	Date of registration	Account expiration date
42826	2025-09-23	2025-10-07

OK

Complete the paper registration form. Both sides. Write down the PESEL number from your ID card.

Student Registration Form

Surname Doe
 Name John
 Date of Birth 01.01.1996
 PESEL 9601011111
 Index Number 12345
 University/Faculty English Division
 Permanent Address 43 Featherstone Street
London EC1Y 8SY
 Temporary Address Hajmucha 2 Brzezina 10
51-601 Wrocław
 Student e-mail john.doe@student.wmu.edu.pl
 Phone number 555 123 456

Declaration

I hereby agree to the creation of my account and the recording of my item loans and returns in the PROLIB library management system.

I declare that I have read and agree to abide by the Rules and Regulations of the WMU Library.

The sharing of my e-mail address means I agree to receive by e-mail any information regarding the use of the WMU Library management system.

Wrocław, date 15.10.2026
Doe
 Legible signature

I declare that I have read the terms and conditions of the processing of my personal data by the WMU Library.

Wrocław, date 15.10.2026
Doe
 Legible signature

Prepare your Student ID card with the current sticker and approach the librarian.