

## **Application for Outside Access to Library Resources**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Staff**  **Student**  **Program** \_\_\_\_\_

**Resident**  **Fellow**  **Date of Graduation** \_\_\_\_\_

**Login Name** (First initial and last name, i.e. john smith would be jsmith):

\_\_\_\_\_

**Your password** (Your login name with 123\$ added at the end, i.e. jsmith123\$):

\_\_\_\_\_

**Department:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Return this form to Leigh Baker Michels, Health Sciences Library, Podium 4, X3254.**