

COUNTWAY LIBRARY OF MEDICINE 10 SHATTUCK STREET, BOSTON, MA 02115 Privileges: (617) 432-2136

#### APPLICATION FOR PRIVILEGES

NAME:		DATE OF BIRTH:
INSTITUTIONAL AFFILIATION:		
OFFICE ADDRESS		
CITY	STATE	ZIP
OFFICE PHONE		
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CITY	STATE	ZIP
HOME PHONE		
EMAIL ADDRESS		

#### SECTION 1: APPLICATION FOR ALUMNI BORROWING PRIVILEGES

- □ \$15 Initial Application (1 year)
- □ \$5 Renewal (1 year)

	DEGREE RECEIVED	YEAR	SCHOOL (CIRCLE ONE)	HMS	HSDM	HSPH	DMS
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I understand that **my borrower's card is non-transferable** and agree not to allow anyone else to use it for any reason. Furthermore, I understand **this card is for my personal individual use only and not for any business or corporate use**. I assume full financial responsibility for the use of this card, including payment of any fines for overdue books, and charges for lost, damaged, or unreturned books that are borrowed on this card.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# SECTION 2: APPLICATION FOR RESEARCH ASSISTANT CARD

# □ \$15 Initial Application (1 year)

□ \$5 Renewal (1 year)

SPONSOR'S NAME	AFFILIATION (CIRCLE ONE)	HARVARD ID or BML ID NUMBER
	HMS HSDM HSPH BML	
APPOINTMENT EXPIRATION DATE	PHONE	EMAIL

As a member of the faculty of the Harvard Medical School, Harvard School of Public Health, Harvard School of Dental Medicine, or BML fellow, I hereby request that the Countway Library grant special borrower privileges and remote access to electronic resources to my research assistant named above. I assume full responsibility for any and all fines, fees, and other liabilities incurred through the use (or misuse) of these privileges, including charges for books lost or not returned when due or recalled by the library. I affirm that the research assistant named on this form works under my immediate supervision and direction. I understand that all correspondence related to library use by this person will be sent to me. I understand that Research Assistant privileges are non-transferable, only to be used in relation to work directly assigned by me, related to my academic research and/or teaching, and not for personal, business, or corporate use. I have conveyed this information to my research assistant.

### SIGNATURE OF FACULTY SPONSOR

DATE \_\_\_\_\_

I understand that the privileges granted by this card are only to be used as in the course of my work as a research assistant as assigned and overseen by the faculty sponsor named in Section 2. I further understand that this card and its privileges are non-transferable.

SIGNATURE OF RESEARCH ASSISTANT \_\_\_\_\_

DATE \_\_\_\_\_