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APPLICATION FOR PRIVILEGES

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SECTION 1: APPLICATION FOR ALUMNI BORROWING PRIVILEGES

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

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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.

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SECTION 2: APPLICATION FOR RESEARCH ASSISTANT CARD

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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.

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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 _____