



NEW YORK MEDICAL COLLEGE HEALTH SCIENCES LIBRARY

Basic Sciences Building, 15 Dana Rd, Valhalla, NY 10595

Application for Library Privileges

Faculty Student Employee Resident* Fellow* Other

Renewals may be done by phone; Residents / Fellows must be on official Program Director's rosters.

Last Name: _____ First: _____

Phone (home/cell): _____ Work Ph: _____ Date of Birth (mm/dd):

Email: _____

School: _____

Department: _____

Clinical Location: _____
(if applicable)

Agreement: I agree to assume full responsibility for any materials I access or borrow from the *Health Sciences Library*. I agree to pay any fines accrued for overdue, damaged or lost materials that are charged against my account. Use of the NYMC Library electronic resources is limited to NYMC faculty, employees, students, residents and fellows. Any unauthorized usage may result in immediate termination of privileges.

Signature: _____ Date: _____

Information below must be completed for *Residents, and Fellows* by the NYMC academic department. The department agrees to assume responsibility for any outstanding charges should the patron not fulfill his/her obligations. You will be informed prior to assessment of any charges or loss of privileges.

Note: All library accounts are issued on a fiscal year basis. Department chairs will be notified by June 1st to clear any outstanding fines/fees.

Signature: _____ Date: _____

NYMC Chairman / Program Director

Name: _____ Phone: _____

For HSL Staff Only:

Barcode _____ Reg. Date _____

Exp. Date: _____ Initials _____

Please return the completed and signed form to hsl_nymc@nymc.edu or Fax to: (914) 594-3171