REGISTRATION FOR LIBRARY SERVICES
Edward E. Brickell Medical Sciences Library, Eastern Virginia Medical School
To submit this form electronically, download form to your computer before filling out.

NON-EVMS CLIENTS   **Please read the Library's Clients and Privileges policy before completing this form. Yearly re-registration is required for most categories of non-affiliates. However, depending on user status, more frequent re-registration may be required.**

1. **NAME** (please print): _____
                            Last   First   MI

   I intend to use the library primarily for: ☐ Personal information needs   ☐ Business/professional needs

2. **OCCUPATION (Check all that apply):**
   ☐ Student (Graduate or authorized program): date enrollment ends _____
   ☐ Faculty   ☐ Academic Staff   NAME OF SCHOOL: _____
   ☐ Business   ☐ Government ☐ Pharmacist ☐ Osteopath   ☐ Law   ☐ Med. Tech.
   ☐ Psychologist ☐ Dental Tech. ☐ MD   ☐ Nurse   ☐ Social Worker   ☐ Dentist
   ☐ Nutritionist ☐ Veterinarian ☐ Other Occupation (specify):_____

3. **DAY/OFFICE ADDRESS:** Name of Group _____ Dept. _____

   Street, Bldg. _____ Room No. _____

   City _____   State _____   ZIP _____   Office Phone Number: _____

4. **HOME ADDRESS:**   Street _____ Apt No. _____

   City _____   State _____   ZIP _____   Home Phone Number: _____

5. **E-Mail Address** _____

6. **BILLING:**   ☐ I will pay cash at the time each service is requested.

                ☐ Bill me as a personal subscription client (see 4 above).

                ☐ Bill services to my institution/firm/agency/practice (see 3 above).

                ☐ Bill EVMS fund number _____

                ☐ Name of person who will authorize this billing: _____

ACKNOWLEDGEMENT OF POLICY: My signature confirms that I understand the Library's Clients and Privileges policy for services to non-EVMS clients and that I agree to its conditions.

(Signature) _____ **(Date)** _____

<div style="border:1px solid #000; background:#e8e8e8; padding:8px;">

STAFF USE ONLY:

Library Barcode Number: _____   This applicant is an:

Valid Date: _____   ☐ EVMS Spouse/child

Expiration Date:_____   ☐ EVMS/GME alumnus (year _____)

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