

MRC Circulation Card Application

Please print clearly and fill out the form completely.

Personal Information

Name: _____
Last Name *First Name* *M.I.*

Local Address: _____
Address *Apt. #* *City* *State* *Zip Code*

Home Address: _____
Address *Apt. #* *City* *State* *Zip Code*

Phone Number: _____

Student Information

SIUMed Email: _____

DAWG Tag #: _____

Have you ever had an MRC Circulation Card? Yes
 No

Program (please check one):

- Biomedical Sciences
- LSP [Year: 1 2 3 4]
- MS1
- MEDPREP
- PA [Year: 1 2]
- Physiology

Please Read and Sign: _____ Date: _____

I agree and understand that I must follow all MRC policies/rules regarding the 24-hour study space and that I am responsible for all materials borrowed from the MRC, including fines for lost or damaged materials.

For Office Use Only

MRC Card Number

Faculty Representative

Date

Initials

Please allow at least 24 hours for processing.

Revised 2023.05 (v4)