



SIU MEDICINE

SIU School of Medicine Library Card Application

Date: _____ Name: **(Please print)** _____

(Last)

(First)

(MI)

<p>Applicant's affiliation: (check one)</p> <p>SIU Medicine Faculty/Clinical (FA/AP)</p> <p>SIU Medicine Volunteer/Adjunct Faculty Contract end date _____</p> <p>SIU Medicine Staff (CS)</p> <p>SIU Medicine Medical Student _____ (Class of)</p> <p>SIU Medicine Resident/Fellow</p> <p>SIU Medicine Physician's Assistant Student _____ (Class of)</p> <p>SIU Medicine Graduate Student (MMI&CB/Pharmacology) Program completion date _____</p> <p>SIU Medicine Emeritus/Retired Faculty</p> <p>SIU Medicine Alumni</p> <p>SJH & MMC Faculty/Staff or SIUMED Extra Help</p>	<p>Home Address and Contact phone number:</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City and State</p> <p>_____</p> <p>Zip Code</p> <p>_____</p> <p>Phone number</p> <p>Office Contact information:</p> <p>_____</p> <p>Department</p> <p>_____</p> <p>Department phone number</p> <p>_____</p> <p>Department mail code</p> <p>_____</p> <p>SIU Medicine email address</p>
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I hereby accept full responsibility for any library materials borrowed on this SIU School of Medicine Library account. I will return the materials on or before the due date, pay all fines/fees due, and pay for any losses or damages. All patron records are kept strictly confidential.

Signature: _____

Check this box in lieu of signature in
Order to submit electronically

Staff Use Only:

Volunteer/Adj. faculty 6/1/_____	SIU Graduate Student 6/1/_____
SIU Medical student 5/1/_____	SJH & MMC Faculty/Staff or SIUMED Extra
SIU Resident/Fellow 6/1/_____	Help _____
SIU Physician Assistant 7/1/_____	(1 yr from current date)

Barcode assigned to account: _____ Staff Initials: _____