



**SIU MEDICINE**

# SIU School of Medicine Library Card Application

Date: \_\_\_\_\_ Name: **(Please print)** \_\_\_\_\_

(Last)

(First)

(MI)

<p><b>Applicant's affiliation: (check one)</b></p> <p>SIU Medicine Faculty (FA assignment)</p> <p>Clinical Associate (AP assignment)</p> <p>SIU Medicine Adjunct Faculty</p> <p>Assignment end date _____</p> <p>Appointment number V _____</p> <p>SIU Medicine Staff (CS)</p> <p>SIU Medicine Medical Student _____ (Class of)</p> <p>SIU Medicine Resident/Fellow</p> <p>Assignment end date _____</p> <p>SIU Medicine Physician's Assistant</p> <p>Student _____ (Class of)</p> <p>SIU Medicine Graduate Student (MMI&amp;CB/ Pharmacology)</p> <p>Program completion date _____</p>	<p><b>Home Address and Contact phone number:</b></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><b>Office Contact information:</b></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:

Adjunct faculty _____	SIU Graduate Student 6/1/ _____
SIU Medical student 5/1/ _____	
SIU Resident/Fellow 6/1/ _____	
SIU Physician Assistant 7/1/ _____	

Barcode assigned to account: \_\_\_\_\_ Staff Initials: \_\_\_\_\_