LSU Health Sciences Center Library
Patron Registration Form

SECTION ONE -- PERSONAL INFORMATION: (Please Print Clearly)

Full Name: _______________________________  ID #: __________________

Last        First        MI       Students/Faculty/Staff/Residents

Local/Home Address: ____________________________
City, State, Zip Code: _______________________

Alternate Email: ____________________________  Home Phone #: (________)
(ex: GMail, Yahoo)

Department: ____________________________  Alternate Phone #: (________)

Office or Business Address: ____________________________

SECTION TWO -- AFFILIATION INFORMATION

☐ LSUHSC:
☐ School of Allied Health  ☐ School of Dentistry  ☐ School of Graduate Studies
☐ School of Medicine  ☐ School of Nursing  ☐ School of Public Health
☐ Other  ____________________________

STATUS:
☐ Student
☐ Faculty (☐ Full-Time  ☐ Part-Time  ☐ Clinical  ☐ Gravis)
☐ Resident
☐ Fellow
☐ Staff
☐ Proxy Staff/Student Worker for ____________________________ / ____________________________ (Faculty /Dept.)

Please circle your program:

Allied Health:
CPSC  CLS  COMD  MHS  OMT  OT  PA  PT  RC

Medicine:
L1  L2  L3  L4

Nursing:
BSN  CARE  RN to BSN  MN/MSN  DNS/DNP

Dental:
D1  D2  D3  D4  DH  DLT

Graduate Studies Dept: ____________________________  Public Health Dept: ____________________________

Non-LSUHSC Patrons:
Tulane Medical Center:
☐ School of Graduate Studies  ☐ School of Medicine  ☐ School of Public Health

Status: ☐ Faculty  ☐ Fellow  ☐ Resident  ☐ Student  ☐ Staff  TU Library barcode: ____________________________

Other:
☐ Health Professional: License Type: ____________________________  License #: ____________________________
☐ Outside LALINC Patron
☐ Courtesy Patron (approval required)

SECTION THREE -- PATRON RESPONSIBILITY STATEMENT:
I agree to observe all library regulations; to be responsible for all library materials checked out with this card; to pay charges for all lost or damaged materials; to immediately report loss of card or incur liability for its misuse. I understand that any abuse of library regulations may result in suspension of privileges.

Signature: ____________________________ Date: ____________________________

updated 05/15