LSU Health Sciences Center Library

Patron Registration Form

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

DATE:_____

Full Name:_____ Social Security #:_____ EmplID #:_____
Last First Middle

Local/Home Address:_____

(City, State, Zip Code) _____ Email Address:_____

Home Phone #:_____ Pager/Other Phone #:_____
Area Code Area Code

Department:_____ Campus Building/Box #:_____

Campus Phone #:_____ Office/Business 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: ☐ Faculty *(check one, if faculty: ☐ Full-Time ☐ Part-Time ☐ Clinical ☐ Gratis)*
☐ Resident
☐ Fellow
☐ Staff
☐ Proxy Staff/Student Worker checking out for _____/_____ (Faculty /Dept.)
☐ Student -- *Please circle your program:*

Allied Health: CPSC CLS OT PT RC COMD MHS OMT
Medicine: L1 L2 L3 L4
Graduate Studies: _____ (Dept)
Dental: D1 D2 D3 D4 DH DLT
Nursing: BSN GN IGRO CRNA
Public Health: _____ (Dept)

☐ **Tulane Medical Center:**

☐ School of Graduate Studies ☐ School of Medicine ☐ School of Public Health

Status: ☐ Faculty ☐ Fellow ☐ Resident ☐ Student ☐ Staff Tulane Library barcode:_____

☐ **Other:**

☐ Licensed 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:_____

Library Staff Use Only:

Library Staff Initials_____ Ptype____ Pcode____ Pcode2____ Pcode3____

Expiration Date_____ Barcode_____

updated 06/09