

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> School of Allied Health | <input type="checkbox"/> School of Dentistry | <input type="checkbox"/> School of Graduate Studies |
| <input type="checkbox"/> School of Medicine | <input type="checkbox"/> School of Nursing | <input type="checkbox"/> School of Public Health |
| | | <input type="checkbox"/> 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 Dental: D1 D2 D3 D4 DH DLT
Medicine: L1 L2 L3 L4 Nursing: BSN GN IGRO CRNA
Graduate Studies: _____ (Dept) Public Health: _____ (Dept)

Tulane Medical Center:

- | | | |
|---|---|--|
| <input type="checkbox"/> School of Graduate Studies | <input type="checkbox"/> School of Medicine | <input type="checkbox"/> 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 _____