

Himmelfarb Library

Application for Circulation Privileges

Personal Information

Date ___/___/___

GWid (REQUIRED FOR CHECK-OUT OF MATERIALS) **G** ___ - ___ - _____

Last Name _____ First _____ MI _____

Complete Mailing Address: _____

GW Email Address: _____

Work: (____) _____ - _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Pager: (____) _____ - _____

Medical Center Students

- | | |
|--|--|
| <input type="checkbox"/> Medical student, class of _____ | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Emergency Medical Services |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Health Services Management & Policy |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Anatomy |
| <input type="checkbox"/> Clinical Laboratory Sciences | <input type="checkbox"/> Exercise Science |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Radiological Sciences | <input type="checkbox"/> Clinical Pathology |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Physical Therapy | |

GW Main Campus Faculty/Staff/Students

- | | |
|--|---|
| <input type="checkbox"/> Columbia School of Arts & Sciences | <input type="checkbox"/> School of Engineering & Applied Sci. |
| <input type="checkbox"/> Elliot School of International Affairs | <input type="checkbox"/> Gelman Library |
| <input type="checkbox"/> School of Education & Human Development | <input type="checkbox"/> Teacher Preparation & Special Ed. |
| <input type="checkbox"/> National Law Center & Law School | <input type="checkbox"/> Jacob Burns Law Library |
| <input type="checkbox"/> Other: _____ | |

University Status:

- | | |
|--|---|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Undergrad student |
| <input type="checkbox"/> Part-time faculty | <input type="checkbox"/> Master's student |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Doctoral student |
| <input type="checkbox"/> Research staff/Fellow | <input type="checkbox"/> Professional (JD/MD) student |
| <input type="checkbox"/> Administrative staff | <input type="checkbox"/> Non-degree student |
| <input type="checkbox"/> House-staff | <input type="checkbox"/> Consortium student |
| <input type="checkbox"/> Preceptor/Adjunct faculty | <input type="checkbox"/> Med Center Volunteer** |
| <input type="checkbox"/> Med Center Emeritus/Retired faculty | <input type="checkbox"/> Med Center temporary affiliation** |
| <input type="checkbox"/> Individual subscriber | ** Must have departmental documentation |

Please see other side

Please indicate if you are a student or faculty in one of the following programs:

Art Therapy

Forensic Sciences

Psychology

Biological Sciences

Genetics

Medical Center Faculty & Staff

Medical School, Health Sciences, Basic Sciences, Staff/Faculty/Administration

Department: _____ Building & Room#: _____

Hospital Staff/Administration/Nurses/House-staff/Residents/Fellows

Department: _____ Building & Room#: _____

Children's Hospital Faculty

Department: _____ Building & Room#: _____

MFA Faculty

Department: _____ Building & Room#: _____

Borrowing privileges may be denied to those who fail to pay bills or return library materials in a timely manner.

Please refer to the library web page for details on borrowing privileges: <http://www.gwumc.edu/library/>
