

LSU Health Sciences Center Library
Patron Registration Form

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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: **EMPLOYEES ONLY** _____ Alternate Phone #: _____

Office or Business Address: **EMPLOYEES ONLY** _____

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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:** **Student**
 Faculty (Full-Time Part-Time Clinical Gratis)
 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)



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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: _____