The George T. Harrell Health Sciences Library Registration Form H127
PENN STATE MILTON S. HERSHEY MEDICAL CENTER

Please PRINT Clearly

Name:

_____ _____ _____
LAST **FIRST** **M**

PSU ID NUMBER 9 _ _ _ _ _ _ _ _

Penn State Access Acct. _____ **(fxx3) PENN STATE ACCESS ACCOUNT (3 letters + number)**

PSU/HMC
Department: _____

Email Address: _____ ***(MANDATORY)***

Phone # : _____ **Pager # :** _____
Lab or Department Extension

STATEMENT OF RESPONSIBILITY: My signature below indicates that I am responsible for observing all Library policies and procedures. I further understand that I will be charged the Library's acquisition costs and a processing fee for replacement of missing items, or a late fee for Library items which are not returned on time, as stated in the Lending Code. It is my responsibility to maintain a current address and correct email address on the CAT. (See "My Library Account", then "Update Address: link).
Penn State students: I authorize Penn State to charge my Student account for any library fees that occur.

SIGNATURE ⌧ _____ **Date:** _____

USER PROFILE : **FACULTY/FELLOW** ____ **MEDSTUDENT**_____ **GRADUATE**_____ **STAFF** _____

HYRESIDENT_____ **UNDERGRADUATE (PSU NURSING)** _____ **VISITFAC (HMC)** _____

EXTERNALHY or ALUMNI HMC _____ **SUMMERPROG/Visiting HMC Intern** _____ **EMERITUS** _____

RETIREE_____

***MUST COMPLETE the below section if :**
(EXTERNAL (*ask for business card*) must verify currently in the healthcare field.
***SUMMERPROGRAM, TEMPORARY, HMC ALUMNI or from another PSU Campus)**

_____ **Street / Apt.**

_____
City **State** **Zip Code**

HOME PHONE: _____- _____- _____ **WORK PHONE** _____-_____-_____

Library Use Only Completed on Workflows : _____Initials: _____ Date: _____ sed10 July 2011