McMaster University Health Sciences Library

Library Account Application

for Borrowing privileges and/or Online Access to eResources

Please supply information requested in the boxes below. Please PRINT clearly.

Family name:	Given name(s):
Student/faculty/staff ID:	HHS staff ID:

McMaster status: _____Faculty ____ Staff ____ Graduate _____ Undergraduate _____ Resident physician _____ Elective student

_____ Visiting faculty/staff* _____ Clinical faculty* _____ Contract employee* (date of contract expiration _____)

**If you are: Visiting faculty, Clinical faculty, or a Contract employee, a letter of sponsorship from your roll 1 Supervisor, Department Manager or Chair must accompany this application.*

Are you an employee of the Hamilton Health Sciences: Yes _____ No _____

McMaster faculty or programme (if applicable):

Residence:	Department:
City:	Campus/Work address:
Province: Postal code:	Postal code:
Home telephone:	Work telephone:

E-mail address (*idname@hostname*):

Please sign below:

1) to acknowledge your willingness to comply with all rules and regulations of the McMaster University Libraries, and

2) to indicate your willingness to pay fines or charges levied for damage or late return of library materials.

Your signature also indicates your willingness to inform yourself about, and to comply with, restrictions governing the use of digitized resources available to faculty, staff and students of McMaster University, should such resources be made available to you.

Signature: _____ **Date:** _____