REGISTRATION FOR LIBRARY SERVICES
Edward E. Brickell Medical Sciences Library, Eastern Virginia Medical School

**EVMS PRIMARY CLIENTS** (including joint programs)

Please read library policy on services to EVMS Primary Clients before completing this form. Data on registration must be updated and verified yearly.

1. **NAME** (please print): ____________________________________________________________________
   Last     First         MI

2. **CLIENT STATUS:**
   - [ ] Faculty/Preceptor
   - [ ] Intern/Resident/Fellow (completion date) _____________________________
   - [ ] Staff/ *Volunteers
   - [ ] *Visiting Health professional (completion date)_____________________
   - [ ] Student: [ ] Medical [ ] Biomed/PhD [ ] MPH [ ] MPA [ ] SA
   - [ ] PsyD [ ] Biomed/MS [ ] Other (specify) _____________________________
   - [ ] Art Ther [ ] MAGHS [ ] Program Completion Date: ___________________

   *To be considered a primary client you must provide a written statement of EVMS departmental responsibility for any debts you may incur to this library.

   DEPARTMENT NAME: ______________________________________

3. **EVMS STUDENT / EMPLOYEE I.D. NUMBER:**

4. **DAY/OFFICE/CAMPUS ADDRESS:**
   Street or Bldg. ____________________________ Room No. ________________
   City _________________ State _______ ZIP ______________ Work Phone Number: ________________

5. **HOME OR OTHER ALTERNATE ADDRESS:**
   Street ____________________________ Apt No. ________________
   City _________________ State _______ ZIP ______________ Home Phone Number: ________________

6. **E-Mail Address** ________________________________________

7. **BILL SERVICES TO:**
   - [ ] Myself
   - [ ] EVMS fund numbers: ________________________________
   - [ ] My practice group (name & address of group) __________________________

ACKNOWLEDGEMENT OF POLICY: My signature confirms that I understand the Library’s policy on services to primary clients and that I agree to its conditions.

(Signature) ____________________________________________ (Date) ____________________________

**STAFF USE ONLY:**
Library Barcode Number: ____________________________
Valid Date: _______________________ Expiration Date: _______________________