

The Lamar Soutter Library

Application for 24/7 Library Access

Barcode _____

Date: _____

TO BE COMPLETED BY STAFF REQUESTING 24/7 LIBRARY ACCESS:

Name: _____
(First) (MI) (Last)

E-mail _____

Department _____ Department phone _____

TO BE COMPLETED BY DEPARTMENT HEAD:

Please provide 24/7 access to the Library to _____.

Reason: _____

(e.g. Studying for boards; working toward a degree at area college.)

Department Head: _____

Signature: _____

Phone: _____

Email: _____

PLEASE NOTE: Exceptions granted for 24/7 access will be limited to six months. Exceptions may be renewed if appropriate.

Return form to the Library's service desk or to Vivian.okyere@umassmed.edu or fax to 508-856-5899.
