

**Engineering and Physical Sciences Branch Libraries
24-Hour Access Request**

I have read and agree to all points in the 24-Hour Access Policy. I understand that I am responsible for following it. Failure to do so may result in revocation of this privilege.

Signed: _____ Date: _____

Print name: _____

Status:

Faculty _____ ID card expiration date (if any): _____

Research Staff _____ ID card expiration date (if any): _____

Post Doc _____ ID card expiration date (if any): _____

Graduate Student _____ Expected date of graduation: _____

Department/Field of Study _____

Email _____ Phone _____

Library to which access is requested _____

For graduate student access:

Name of faculty co-signer: _____

Signature of faculty co-signer: _____

Date: _____

A signed copy will be kept on file at granting library.

Library Use Only

Access Granted to:

Physics Library

Kingsbury Library

Expiration Date:

Signature of Library Manager: _____