



## After-Hours Access APPLICATION AND USER AGREEMENT

Please fill out form **completely** and **legibly** and return to the Ochsner Health System Medical Library & Archives. Incomplete applications will be returned to you for proper completion. Once you and your manager have signed the application, it will be reviewed. You will be contacted by the Library Staff.

Print First and Last Name \_\_\_\_\_ Date \_\_\_\_\_

Ochsner I.D. **BADGE** Number: \_\_\_\_\_ (To be completed by OCS Admin)

Department **Ochsner Clinical School – The University of Queensland**

Location of Department Academic Center E-Mail Address \_\_\_\_\_

Extension/Beeper N/A Fax Number N/A

Home Number \_\_\_\_\_

Personal Mailing Address \_\_\_\_\_

School Contact Address **Ochsner Clinical School**

**Please Check One:**  Access Problems  New Access

**Please Check One:**

- |                       |                       |                                |
|-----------------------|-----------------------|--------------------------------|
| _____ Staff Physician | _____ Fellow          | _____ Pharmacist               |
| _____ Nurse           | _____ Visiting Fellow | _____ Allied Health            |
| _____ Administration  | _____ Resident        | <u>  X  </u> <b>UQ Student</b> |
| _____ Management      | _____ Alumni          | _____ Non-local Student        |
| _____ Research        | Other _____           |                                |

I work at: (Please list location/campus) **Main Campus – OMC New Orleans**

Access Dates Needed From: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Date your affiliation or appointment at Ochsner ends: \_\_\_\_\_ (Month/Year)

Please briefly describe why you need unrestricted access to the Medical Library & Archives.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

**As an Ochsner Library & Archives patron, I hereby agree to the following:**

1. I understand that after-hours' use of the Medical Library & Archives is primarily for medical research. I may also use the Library for continuing educational courses and studying for college assignments and tests.
2. I understand that I must wear my Ochsner identification badge at all times.
3. I understand that library books, journals, and other resources do not circulate after-hours.
4. I understand that it is my responsibility to report any suspicious behavior of other patrons to Safety and Security.
5. I understand that the Library is monitored 24 hours a day by surveillance cameras.
6. I understand that library equipment is available for research only. Inappropriate use of the library computers can result in employee dismissal. (Refer to Hospital Policy 918-1-5~ Subject: **Internet Access and Use.**)

**Acknowledged, agreed and accepted.**

User Signature  \_\_\_\_\_ Date \_\_\_\_\_

Requestor's Department Manager Approval  \_\_\_\_\_

Manager's Extension: 20197 Manager's E-mail address: speters@ochsner.org

<b>FOR LIBRARY USE ONLY:</b>		
Received by: _____	Date Received: _____	Time Received: _____
Library Manager's Approval: _____	Security Notified: _____	Patron Notified: _____
Access Expiration Date: _____		
This patron is denied access because:		
_____		
_____		
_____		