

APPLICATION FOR TEMPORARY BORROWING PRIVILEGES

A person awarded Temporary Borrowing Privileges will have access to the Capital Health Libraries during regular open hours Monday to Friday and will be able to borrow materials as per Library procedures. After-hours access is not automatically afforded to those with temporary borrowing privileges.

Last Name		First Name	 Departm	Department Email Address	
Site		Program Year	Email A		
Pager/Phone		Capital Hea	Ith ID# S	Start and End dates of Rotation	
Address					
7 (44) 000	Apt #	Street	City	Postal Code	
******	******	******	******	**********	
Sponsor	ring Physician c	or Capital Health staff:	Signature:		
Department		PhoneName: (pl			
PLEASE borrowe	E NOTE: By si ed. *********	gning this form the S	ponsor accepts	print name) responsibility for materials	
2. O pi 3. Ti 4. Ti 5. D ci	rnly persons loc resented to Libi he borrower agre he borrower is re elinquent borrow epartment Head eturned library ma	rary Staff when signing ees to abide by Library consible for the replace wers will lose their borrow is will be notified and the aterials.	Ith may borrow rout materials. I culation policies. I ement costs of matering privileges at the pean's Office with	f. naterials. A valid hospital ID must be erials which are not returned. e Capital Health Sciences Libraries. Il receive notice of students who have no	
Signature of Borrower			_	Date	
		eturn this form to the	appropriate Car	oital Health Library	
	rary Use only		Dat	to	