

**NON-SALARIED AND COMMUNITY FACULTY
REGISTRATION FOR LIBRARY SERVICES**

Edward E. Brickell Medical Sciences Library, Eastern Virginia Medical School

To submit this form electronically, please download it to your computer before filling it out.

Name: _____
 First Middle Last Credentials

EVMS Department: _____

Work Address: _____
(Required) Practice

_____ Street

_____ City State Zip

_____ Work Phone (Required)

Cell Phone _____ Cell Carrier _____
(Required for authentication during account creation & future password changes)

Alternate Address: _____
(Optional)

E-mail Address _____
(Required)

Acknowledgement of Policy: My submission of this form confirms that I understand the Library's policy on [Services to EVMS Primary Clients](#) and that I agree to its conditions.

Please complete and then email a copy of this form to
LaVonda Harris, harrisln@evms.edu or fax it to (757) 446-5134. Questions? Call (757) 446-7950.

STAFF USE ONLY:
Library Barcode Number: _____

Valid Date: _____ Expiration Date: _____