

Himmelfarb Library

Application for Circulation Privileges

Please Print

Date ____ / ____ / ____

GWid (Required For GW University Affiliated Applicants) G ____ - ____ - ____

Last Name _____ First _____ MI _____

Street Address _____ Apt _____

City _____ State _____

Zip Code _____

Email Address _____

Telephone (____) _____ - _____

Telephone 2 (____) _____ - _____

- School of Medicine & Health Sciences (SMHS)
- School of Public Health & Health Services (SPHHS)
- School of Nursing (SON)
- GW University
- Medical Faculty Associates (MFA)
- GW Hospital
- Visiting Scholar

Date Rotation Ends _____

- Student
- Staff
- Faculty

Borrowing privileges may be denied to those who fail to pay bills or return library materials in a timely manner.

Please refer to the library web page for details on borrowing privileges: <http://www.gwumc.edu/library/>
