

Stanford University Medical Center
Lane Medical Library
300 Pasteur Drive Room L109
Stanford, CA 94305-5126
Circulation: (650) 723-6691

Proxy Application



LANE MEDICAL LIBRARY REGISTRATION FORM Print legibly and complete

SPONSOR INFORMATION

Main/Sponsor ID: _____

Name: _____
Last First Middle

Department: _____ Department Phone Number: _____

Local Address: _____
Street City/ State Zip Code

Phone Number: _____ Date: _____ Working Title: _____

The undersigned agrees to abide by Lane Medical Library regulations and acknowledge that the proxy's use of the library's privileges must be related to the instruction, research, patient care, and public welfare goals of Stanford University and Stanford University Medical Center. The undersigned is responsible for all fines, replacement costs that the above proxy may incur. Proxy sponsorship should not be used when privileges for a fee are appropriate. Library privileges may be revoked for cause at any time.

Sponsor Signature: _____ Time period of library use _____ (maximum one year)

PROXY INFORMATION

Main/Sponsor ID: _____

Proxy ID #: _____

Name: _____
Last First Middle

Department: _____ Department Phone Number: _____

Local Address: _____
Street City/ State Zip Code Phone Number

E-mail _____ Date: _____ Working Title: _____

The undersigned agrees that the use of Lane Medical Library's resources and services must be related to the instruction, research, patient care and public welfare goals of Stanford University and Stanford University Medical Center; or for the personal use of the undersigned, who is an eligible member of the Stanford community. The user's library privileges may not be sold or transferred or used in the context of employment by an external business. Use of Lane Medical Library for an external business must be purchased for a fee. Proxy privileges are available to qualified individuals. Library privileges may be revoked for cause at any time.

Date _____ Proxy Signature _____