

**Yale Harvey Cushing / John Hay Whitney Medical Library**  
Application for Medical Library Privileges

Date: \_\_\_/\_\_\_/\_\_\_

Name (last name, first): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Affiliated Institution: \_\_\_\_\_  
(Name)

Institution Address: \_\_\_\_\_  
(Street) (City, State, Zip)

**The Yale University Library ID** card conveys borrowing privileges to the card holder. The card may be used only by the person to whom it is issued and must be presented when charging out materials. The Library may revoke privileges at any time. All borrowed materials are due no later than the expiration date of the ID card. All granted privileges are subject to a yearly renewal.

Please select your Current Affiliation or Desired level of privilege:

**Premium Service**

\_\_\_\_\_ Yale New Haven Hospital (York Street and St. Raphael Campus)

**Privileges and Access**

ILL, 50 Books Max, All Yale

**Basic Service**

_____ Individuals with no Yale Affiliation: \$200 for 3 months or \$750/year	15 Books Max, All Yale
_____ Visiting Medical Student registered through Yale School of Medicine	50 Books Max, All Yale
_____ Summer Students (SMDEP and SCHOLAR Programs)	25 Books Max, All Yale
_____ Spouse of Staff or Currently Registered Student	25 Books Max, All Yale
_____ Fair Haven Health Clinic, Hill Health Center, VA Hospital	10 Books Max, Medical only
_____ Alumni from Yale Medical Campus	10 Books Max, Medical only
_____ Medical Associates: Contributing, Sustaining, and Lifetime Members	10-25 Books Max, Medical only

**Stacks Pass**

_____ Individuals, no Yale Affiliation: \$40/ month, \$80/ 3month, \$200/ year	Medical Stacks only
_____ Affiliated Hospitals, Rotating Students in vicinity, Non-affiliated students	Medical Stacks only
_____ Member Associates	Medical Stacks only

**Corporate Pass**

_____ 1 user: \$850 / 2 users: \$1,600 / 4 users: \$3,000 / 7+ users: \$5,000	50 Books Max, Medical only
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\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Staff Initials

**FOR LIBRARY USE**

**1. TWO FORMS OF IDENTIFICATION:**

a. Driver's License State and ID Number: \_\_\_\_\_  
b. ID from Affiliated Organization if applicable (and Exp. Date): \_\_\_\_\_

**3. FEE PAID FOR PRIVILEGES**

a. Amount paid: \_\_\_\_\_  
b. Type of payment: \_\_\_\_\_

**2. VOYAGER PATRON ID:** \_\_\_\_\_ Expiration date for Stacks Pass: \_\_\_\_\_