

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 \$850/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

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: _____