



## APPLICATION FOR LIBRARY PRIVILEGES

Please check the appropriate category:

- Alumna/us of Drexel University, MCP Hahnemann University, Allegheny University of the Health Sciences, Hahnemann University of Medical College Pennsylvania.
- Retired Faculty (Drexel University, MCP Hahnemann University, Allegheny University of the Health Sciences, Hahnemann University of Medical College of Pennsylvania)
- Other, Please Explain: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Phone Type:  Home  Work  Cell

E-Mail Address: \_\_\_\_\_ Email Type:  Personal  Work

Class Year/Retirement Year: \_\_\_\_\_ Program/Department: \_\_\_\_\_

Name at Graduation (if different): \_\_\_\_\_

I would like to be added to the Libraries' mailing list.

\_\_\_\_\_  
*Signature*

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### For Library Use Only:

Authorized Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Barcode: \_\_\_\_\_ Validation Date: \_\_\_\_\_

Processed  Devo