

# Preston Medical Library - Loansome Doc Registration

Preston Medical Library allows East Tennessee physicians, healthcare professionals, and University of Tennessee Medical Center staff to electronically order journal articles through the LOANSOME DOC program. Users of this system must establish an agreement with Preston Medical Library to use this system. In order to establish this agreement, you must do the following:

1. Complete the registration information
2. Read the copyright compliance statement and indicate your acceptance of the terms by signing and dating the form below.
3. Indicate your preferred method of delivery.

  
  

- Pickup at the library
- Mail
- Electronic document delivery

4. Mail or fax the form to the address of fax number printed below.

After your signed agreement is received, the library staff will contact you with Preston Medical Library's library identification (**libid**) number, which allows you to make requests. **Registered users must agree not to share the libid number with anyone.**

## LOANSOME DOC REGISTRATION FORM

NAME: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

### WARNING CONCERNING COPYRIGHT COMPLIANCE

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproduction of copyrighted materials. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement. This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of the Copyright Law.

I understand that the material I request may be subject to copyright restrictions (Title 17, U.S. Code). I understand and agree to all of the terms outlined and hereby authorize Preston Medical Library to process all request submitted by myself and agree to pay any charges incurred for the service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form by fax to (865) 305-9527 or mail to Preston Medical Library, University of Tennessee Medical Center, 1924 Alcoa Highway, Drawer U-111, Knoxville, TN 37920.