

**Health Information Center
Preston Medical Library
After-Hours Access Application**

Date: _____

Name (as listed in Outlook): _____

Phone (University of Tennessee Medical Center campus): _____

Email (University of Tennessee Medical Center): _____

Affiliation

___ **University of Tennessee Graduate School of Medicine**

___ **University of Tennessee Medical Center**

___ **Other (please describe)** _____

Department: _____

Supervisor: _____

Supervisor's Signature: _____

I have read the After-Hours Access Policy and confirm the applicant meets the requirements for badge access privileges.

Applicant's signature: _____

I have read the After-Hours Policy and confirm I will adhere to guidelines stated in the policy.

Return completed form to library director, Martha Earl.