

**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.***