Information Requested of UF Affiliates for Activation of Library Privileges

1: Name: _____ _____ _____
(Last) (First) Middle

2: UF-ID: _____ - _____

3: Gator-1 Library ID Number: 200_____

5: Appointment Date(s): Start:_____ End (if applicable):_____

6: Department Affiliation:_____

7: Your Office Address: PO Box _____
Bldg.: _____
Rm. #: _____
Zip: _____

8: Your Office Phone No. _____

9: Your E-Mail Address: _____

10. Your Local Address:_____

_____

_____

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TO BE COMPLETED BY DEPARTMENT

Please describe below (or on an attached sheet) the nature of the applicant's affiliation with UF. Please include information how this affiliation benefits UF.

_____

_____
(CHAIRMAN)

Return completed document to the Circulation Services Desk, Library West.