

Alumni Library Access Application

Student Name:	Student #:
Phone #:	
Email:	

Library access is hereby requested from: _____ to _____

****Please note that alumni may only request a maximum of 4 months access to the online library.***

Reason for request (e.g., research, professional development; provide a short paragraph describing the activity that access to the library will support):

If this request is approved you will be contacted by a student services representative with campus login information.

Signed:

Date (yyyy/mm/dd):

Please note: By signing this form you agree to comply with the Yorkville University Student Code of Conduct and acknowledge that your access to the library and or campus may be terminated at any time.

Yorkville University will acknowledge receipt of this request using the email address we have on file.

For Office Use:

Date Received:	Acknowledgement Date:	Official:
Date Approved/Declined:	Official:	

Comments