

Atlanta Regional Consortium for Higher Education (ARCHE)

Interlibrary Use Registration

Mercer Medical Library

Today's Date _____

Name _____ MUID# _____

Home Address _____

Daytime phone _____ Cell phone _____

Mercer email: _____

Status – check one: () student () faculty () staff

Program of study, if applicable: MD, MFT, MPH, MSBMS, MSPCS, PhD (circle one)

Anticipated graduation date, if applicable _____

MUSM Department, if applicable: _____

ARCHE Member Institution user wishes to borrow from:

I agree to accept responsibility for the use and return of library materials checked out in my name. Should these materials not be returned on time and in good condition to the lending library, I accept financial responsibility for their replacement and for any overdue fines charged by the lender. *The materials I am checking out from the lending institution are NOT textbooks required by my course(s).*

Signature _____

To be completed by Librarian:

Library for which card is issued _____

Expiration date _____ Issued by _____