



Access Request for HS Librarian/ Media Specialist

Syracuse University Library System

First Name _____ MI _____ Last Name _____

High School _____ Position/ Title _____

Email Address _____

HS Phone _____ Ext _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

The Library computer system is owned by Syracuse University. It may be accessed and used only by persons who have been authorized by Syracuse University. Any access or use by an unauthorized person, and any access or use by an authorized person exceeding his/her authorization including, but not limited to, unauthorized copying, reproduction, or duplication, are prohibited. Any prohibited access or use of this computer system may be a violation of the New York State Penal Law, and violators of the law may be prosecuted.

SU Library access is restricted to registered students and certified SUPA teachers to support SU course academic work. Library access and use of SU Library resources is not permitted for non-SU courses.

I have read the terms for Library access outlined above and agree to abide by the terms.

Signature _____ Printed Name _____

Date _____

Principal's Signature _____ Printed Name _____

Email _____ Phone _____ Date _____

Please return via mail or fax:

Syracuse University Project Advance
Attn. Barbara Lake
Mail: 400 Ostrom Ave, Syracuse NY 13244
Fax: 315-443-1626 /2585