

**SCHULICH LIBRARY - AFTER HOURS ACCESS (AHA) REQUEST FORM**

CHOOSE ONE:

- New request
- Change of I.D.
- Change of P.I.N.

FAMILY NAME (please print): _____
FIRST NAME (please print): _____
McGill I.D.# (9 digits; top line of I.D. card): _____
P.I.N. Number (Your 4-digit Otto Maass PIN ): _____
Telephone: _____ Email: _____
Department: _____
Status: Faculty Grad. Student Post Grad. Other (specify) _____
<b>I have read all the conditions on the reverse side of this page and I agree to abide by these rules. I understand that my After-Hours Access privileges will be revoked if an infraction occurs.</b>
Signature: _____
Date: _____

The above named person has legitimate need for night-time/holiday access to Schulich Library for the purpose of:

- Teaching Preparation
- Research
- Other (specify) \_\_\_\_\_

**Signature of supervisor (for students) or authorized departmental representative:**

Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE LEAVE COMPLETED FORM WITH MAIN OFFICE.**

**DEPARTMENTAL OFFICE USE ONLY:**

The Designated Resource Person must fax the completed form to Schulich Library, to the attention of: Rowena Oakes, **FAX: 3903** (Tel: 4761). This form is then to be retained in the Department.

McGill University  
Schulich Library of Science and Engineering  
After-Hours Access (AHA)

I request