



Library Borrowing Privileges Request Form

Library borrowing privileges cannot begin until this form has been processed. Please complete Part I and return it to the *Office of Human Resources*. Upon receipt of this form, your library account will be created so that you can check out library materials. For information on access to online library resources (including research databases, full text journals, and interlibrary loan), please contact the Library at (603) 283-2405.

Part I

Name: _____

Street address: _____

City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email address: _____

Associated with which Antioch Department(s): _____

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**Adjunct/Associate Faculty must fill in this section:**

Course(s) will you be teaching:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spring \_\_\_\_\_  
(year)

Summer \_\_\_\_\_  
(year)

Fall \_\_\_\_\_  
(year)

**Note:** Antioch New England Library will grant library privileges and will support course preparation during the semester(s) for which you are contracted.

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Part II

To be completed by the Antioch New England Office of Human Resources

Identification Number: _____

Authorized Signature: _____ Date: _____

Core Faculty ___ Staff/Admin ___ Adjunct/Assoc ___ Other _____