



## 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 \_\_\_\_\_ Gender \_\_\_\_\_

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 \_\_\_\_\_

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Principal's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please return via Email, mail or fax:

Syracuse University Project Advance

Attn: Victoria Toper

Mail: 400 Ostrom Ave, Syracuse NY 13244

Fax: 315-443-1626

Email: [vtoper@syr.edu](mailto:vtoper@syr.edu)