LIBRARY DATABASES OFF-CAMPUS ACCESS REQUEST
Upon receipt of this completed form, your access will be activated for the time period requested.

Return this form to: Library Administrative Offices, 2060 HBLL, Provo, Utah 84602
or scan and email to electronic_resources@byu.edu

Name: __________________________________________ Email: __________________________________________
Net ID: __________________________________________ Retirement Date: ________________________________
Reason for requested access: __________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Length of time requested: □ 1 year □ 2 years □ 3 years □ 4 years □ 5 years (max)

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https://lib.byu.edu/databases/license-terms/

I affirm that I will abide by the terms of use and only use my access to the BYU Library databases for activities
directly related to research affiliated with the University.

_____________________________________________________      _________________________________
Signature          Date

DEPARTMENT CHAIR
I affirm that the aforementioned retired faculty member is actively engaged in university research and
requires off-campus access to library databases.

_____________________________________________________      _________________________________
Signature          Date

____________________________________________
Printed Name          Department

DEAN
I affirm that the aforementioned retired faculty member is actively engaged in university research and
requires off-campus access to library databases.

_____________________________________________________      _________________________________
Signature          Date

____________________________________________
Printed Name          College