

UConn Health Sciences Library Off-Campus Access Registration

Return form to the Library Information desk or email it to circ@uchc.edu.

I am: requesting a new proxy account

updating an existing proxy account

Contact Information

Name:

Address 1:

Address 2:

City:

State:

Zip:

Cell or Home Phone:

Email:

I am: (select one)

1. UConn Health Affiliated, Community Faculty or Community Researcher
2. Off-campus Graduate Student Registered for Classes at UConn Health
3. UConn Faculty at Other Campuses
4. UConn Graduate Student
5. UConn Undergraduate Student

UConn Health or Work Phone ^(1, 2, 3):

UConn School or Department ^(3, 4, 5):

Departmental Contact Person ^(3, 4, 5):

Contact Person Phone Number ^(3, 4, 5):

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