

**STUDENT**  
**BUMC MEDLINE Plus Login and Password Request Form**  
**Return to: Alumni Medical Library L-12 Attn: MEDLINE Access**

To obtain a Login Name and Password for the BUMC MEDLINE Plus System, please complete the information below. Incomplete information will delay processing of a Login Name and Password. All students applying for a **BUMC MEDLINE Plus** Login Name and Password must present a valid BUMC student ID card to a staff member at the Circulation Desk, or mail a photocopy of current ID with this form to the **Alumni Medical Library L-12, Attn: MEDLINE Access**, or fax the same to (617) 638-4478. All BUMC student ID cards will be checked to verify current BUMC affiliation. The Alumni Medical Library offers workshops and training sessions free of charge. Please call the Reference Desk (617) 638-4228, or e-mail [refquest@medlib.bu.edu](mailto:refquest@medlib.bu.edu) for further information or to sign up for a training session. A Login and Password will normally be issued to eligible users within two weeks after the Library receives this request form.

**Name:** \_\_\_\_\_ **BU ID:** \_\_\_\_\_

**Mail Box or Home Address:** \_\_\_\_\_

**Office or Home Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Passwords are e-mailed to the address provided.**

**Affiliation**

**Date of Graduation:** \_\_\_\_\_

- \_\_\_\_\_ Dental
- \_\_\_\_\_ SPH
- \_\_\_\_\_ Medicine
- \_\_\_\_\_ Graduate Medical Sciences
- \_\_\_\_\_ Other \_\_\_\_\_  
                     Please Specify

I am requesting a Login Name and Password which will allow me access to the **BUMC MEDLINE Plus** System. In my use of the MEDLINE Plus System I agree to use the system only for purposes related to patient care, research, education or administration activities. **I agree not to use the system for personal gain or profit or let others use my password.** I assume full responsibility for use of my Login Name and Password, and I will abide by the University computer code of ethics. I understand that noncompliance with these terms will result in the immediate termination of my Login Name and Password.

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

**BUMC MEDLINE Plus/Ovid is on the Web at:**  
**<http://medlib.bu.edu/>**  
**Login Names and Passwords are required for remote access.**

			Date Received
For office use ONLY:			
ID Verified: _____	_____ ID Checked	_____ Staff initials	_____ Date
Eligibility: _____	_____ Eligible	_____ Staff initials	_____ Date
	_____ Password Issued	_____ Staff initials	_____ Date
	_____ Password Sent	_____ Staff initials	_____ Date