




# AFRL D'Azzo Research Library, WPAFB

## User Agreement for Library Cards, EZproxy, and RefWorks

Instructions 

**PART I** (To be completed by all applicants) ID card (CAC) expires on: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

JOB TITLE AND GRADE/RANK: \_\_\_\_\_

ORGANIZATION/OFFICE SYMBOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BUILDING NUMBER: \_\_\_\_\_

LIBRARY CARD NUMBER: \_\_\_\_\_ *(Only fill this field in if you are already a library card holder. For assistance call 937-255-5511 x.4254 or x.4238)*

MILITARY  CIVILIAN  CONTRACTOR  SPONSOR: \_\_\_\_\_

### PRIVACY ACT STATEMENT - Library cards

#### WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING

**INFORMATION:** Disclosure is voluntary. Failure to provide the information may restrict an individual's ability to check out material.

### EZproxy Disclaimer

I accept responsibility for maintaining control of the User ID and Password I am about to receive which will grant me access to the library's online publications. I understand that my access may be terminated and I could be subject to administrative or disciplinary action if I share my User ID and Password with others. I also understand and accept that my use of library online subscription services will be monitored to detect potential misuse or unauthorized access. I agree to notify the library as soon as possible should my User ID and password accidentally be compromised.

### RefWorks Disclaimer

RefWorks is a commercial, public service purchased by the library from an outside vendor. The service is hosted by the vendor at an off-base facility and does not reside on an Air Force server. **Please do not upload any classified or limited content into the RefWorks database. Doing so will result in a security incident that must be reported and investigated.**

### Applicant's Signature

USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PART II – CONTRACTOR EMPLOYEE INFORMATION** (To be completed only by support contractors)

COMPANY NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

CONTRACT EXPIRATION DATE: \_\_\_\_\_

**To submit this form:** complete all applicable fields, e-sign the form, and submit via email to [afrlusaf@us.af.mil](mailto:afrlusaf@us.af.mil)