




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