Welcome to the Cancer Learning Center (CLC). Please read the policies below and fill out the information on the back of this form to borrow materials. Give your completed form with a picture ID to the employee at the circulation desk.

Borrowing Materials
You may borrow 5 items at any time.

Returning Materials
We ask that you return library materials to the Cancer Learning Center by the due date.

Renewing Materials
You may renew items up to 3 times unless they have been reserved by another patron. If your item is on reserve, it cannot be renewed and you must return it by its due date.

Overdue Materials
If items are not returned by their due date you will receive an overdue notice and will not be able to borrow additional materials until all overdue items are returned or renewed.

Lost or Damaged Materials
You are responsible for all materials checked out in your name. If you lose or damage an item you have checked out, you will be charged the cost of the item plus a $5.00 processing fee.

Disclaimer
Materials in the Cancer Learning Center and provided by its staff are made available for information purposes only. Huntsman Cancer Institute makes no warranties about the completeness or accuracy of the information provided. The information in these materials should not be construed as medical advice. The use of the Cancer Learning Center does not create a physician-patient relationship and does not obligate Huntsman Cancer Institute to follow-up or contact users. Medical information is continually changing and is often controversial. Please consult your personal health care provider regarding any health concerns or questions you may have.

Patron Agreement
I have read and agree to follow the policies described in the Patient Information and Registration Form. I accept responsibility for all materials borrowed in my name and all costs incurred if the materials become lost or damaged in my care. I have read the above disclaimer and understand that the materials in the Cancer Learning Center are for information purposes only and should not be construed as medical advice.

*Signature ___________________________    Date_________________
Confidentiality and Currency of Personal Information
The Cancer Learning Center protects the privacy of your personal information. This information is not
given to any other company or organization.
Please inform the Cancer Learning Center of changes in phone number and/or address.

PLEASE PRINT

Last Name: __________________________        First Name: ____________________________

Please Circle:    Miss         Mrs.         Ms.   Mr.      Dr.

Home Address:   ________________________________________________________________

City:  ________________________________          State:  _________        Zip: ______________

Home Phone Number:  ________________________       Cell Phone: ______________________

Email Address: _________________________________________________________________

I am a:  □ Cancer Patient/Survivor       □ General Public       □ Friend/Relative of Cancer Patient
         □ HCI/HCH Employee       □ Student       □ Health Professional

How did you find out about the Cancer Learning Center?

______________________________________________________________________________________

The following is not required. It helps us to know who is using our services:

Race/Ethnicity:
□ American Indian or Alaska Native    □ Asian or Pacific Islander    □ Other:_____________
□ Black – not of Hispanic Origin      □ Hispanic                  □ White – not of Hispanic Origin

Age:
□ 19 or less   □ 20 to 29   □ 30 to 39   □ 40 to 49    □ 50 to 59    □ 60 to 69    □ 70 to 79
□ 80 to 89       □ 90 or over

Grade Level Completed:
□ Grade School       □ Some High School      □ High School Graduate      □ Some College
□ College Graduate    □ Post-Graduate Training

Comments/Suggestions:  _________________________________________________________________
______________________________________________________________________________________

Please sign on other side