



SCELC NN/LM Affiliate Agreement Form

Institution: _____

Representative: _____

NN/LM LIBID: _____

The following has been completed:

Institutional Data Form filled out and submitted online

I acknowledge that I have read and agree to the terms of *SCELC NN/LM Affiliate Guidelines* and agree to the Policies and Procedures stated therein.

Authorized Signature/Title

Date

Return via fax to the NN/LM PSR Regional Medical Library @ (310) 825-5389