**24-Hour Library Access Request Form**

This form must be completed to request 24-hour access to OIST Graduate University Library. Please obtain the signature of one of the following approvers and submit the signed form to the library. The request will be processed within 1-2 business days.

Approvers:

・Manager of Academic Affairs Section (for visiting students including research interns and special research students)

・Faculty (for research unit staff including visiting professors and researchers)

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| **Requester's name:** |
| **Employee/Student ID No.:** |
| **Requester's e-mail:** |
| **Unit / Section:** |
| **Status: Please select one of the following.** [x]  Visiting student [x]  Visiting professor or researcher  |
| **Access Purpose:**  |

\*Visitor access will be discontinued at the time of departure.

**By signing this request form, I request for the right of 24-hour access to OIST Graduate University Library and agree to abide by the OIST Graduate University Library rules.**

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| Requester’s signature |  | Date |
|  |  |  |  |  |
| Approver’s Signature |  | Approver’s Name (Print) |  | Date |

Library Staff Only

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date Submitted to the Library |  | Effective Date |