



**LIBRARY**  
**E-RESOURCE ACCOUNT APPLICATION**

YOUR LAST NAME (AS ON TIME CARD)	YOUR FIRST NAME (AS ON TIME CARD)	M.I	EMPLOYEE #
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DEPARTMENT NAME	POSITION/TITLE	WORK PHONE #
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Email address

- I am a permanent DPH/HSA Employee
- I am a temporary DPH/HSA Employee/Student.  
I will leave DPH/HSA on: Date

Other, please explain:

I am requesting this account in order to access DPH/HSA licensed e-resources. I understand that this request incorporates all of the County of Los Angeles, DHS, and DPH policies concerning computer usage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Instructions.**

Fill in the information above, print, sign and scan and e-mail or send to:

Norma Layton  
 LA County Dept. Public Health  
 Public Health Library  
 313 N. Figueroa St., MZ 2  
 Los Angeles, CA 90012  
 nlayton@ph.lacounty.gov

Your login and a temporary password will be e-mailed to you