



LANL SciFinder® Acknowledgment Form

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Z#	<input type="text"/>	Group	<input type="text"/>	E-Mail	<input type="text"/>
				Phone	<input type="text"/>

After you have read the statements below, please check the boxes and sign below.

I acknowledge this SciFinder account is assigned to me as an individual. I will not share my unique username or password with any other person. I will not store more than 5,000 records at one time. I will not conduct research for, on behalf of, or deliver search results to, any other organization. I will not conduct research for, or on behalf of, other LANL employees. I will not use SciFinder to conduct research directly funded by another organization for the purpose of commercialization or patentability. I will contact LANL's Key Contact in the event I have any question whether my proposed use of SciFinder is permissible. Failure to comply is a violation of our contract with CAS and could result in disciplinary action.

If there is a change in my job assignment and/or employment at the Laboratory, after which I will no longer require an account, I will notify the Key Contact at the Library immediately.

I am a term-limited employee (summer student, post doc, etc.). My term is expected to end

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Date</p>
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- Please email questions to: scifinder@lanl.gov
- Please return signed form by printing and faxing to:
[665-6452](tel:665-6452) (fax)