

## EZProxy Log File Request Form

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IT Contact name(s): \_\_\_\_\_

Library contact name(s): \_\_\_\_\_

MOU signed by legal and returned to Brian Erb [berb@flvc.org](mailto:berb@flvc.org)? Yes No

Up to date IP ranges for all campuses (this information will be used to determine if e-resources have been used on-campus or off-campus.):

Please send the completed form as an attachment to the FLVC Helpdesk – [help@flvc.org](mailto:help@flvc.org)

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