Alexandria Navigator

FORM MUST BE FILLED
COMPLETELY
Please insert full list of databases and URL on the second sheet

IMPLEMENTATION FORM

DATE	
NAME OF INSTITUTION	
ADDRESS OF INSTITUTION	
COUNTRY	
NUMBER OF LOCATIONS	
PRIMARY CONTACT NAME	
EMAIL OF PRIMARY CONTACT	
PHONE NUMBER OF CONTACT	
NAME OF LIBRARY	
LIBRARY URL	
FTE	
NUMBER OF DATABASES (INCLUDE OPEN ACCESS)	
IP ADDRESS OF INSTITUTION	
POSSESSION OF OPAC?	
IF YES, NAME OF OPAC	
POSSESSION OF ILS/LMS?	
IF YES, NAME OF ILS/LMS	
COMMENTS	

DATABASES

Please include access credentials (username / password) for the required databases. **Contact us in case you need further assistance.**

NAME OF DATABASE	URL FOR DATABASE	USERNAME	PASSWORD

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