



Article or Book Request Form: UNIVERSITY OF CAMBRIDGE

Name (CAPITALS): Post Direct Email Direct <i>I have completed the Registration Form</i> Library card number: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Department Account (if app)..... Email Signature..... Date:						<p align="center">FOR LIBRARY USE ONLY</p> BL Number: Library: Date sent: Date received: Date due: Date extended: Date returned: Reports: Paid £..... Staff Initials
Journal / Book Title..... Author..... Title of journal articles Year of publication..... For Journals: Volume Part..... Pages..... For books: Publisher..... ISBN.....	 University of Cambridge University Library Medical Library					

BY SIGNING THIS REQUEST FORM, I AGREE TO COMPLY WITH THE FOLLOWING COPYRIGHT DECLARATION:

- I have not previously been supplied with a copy of this item by you or any other library.
- I will not use this item except for research for non-commercial purpose or private study and will not supply a photocopy of it to any other person.
- To the best of my knowledge, no other person with whom I work or study has made or intends to make at this time a request for a photocopy of this item substantially for the same purpose.
- I understand that I shall be held liable for any infringement of copyright resulting from a false declaration

Article or Book Request Form: UNIVERSITY OF CAMBRIDGE

Name (CAPITALS): Post Direct Email Direct <i>I have completed the Registration Form</i> Library card number: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Department Account (if app)..... Email Signature..... Date:							<p align="center">FOR LIBRARY USE ONLY</p> BL Number: Library: Date sent: Date received: Date due: Date extended: Date returned: Reports: Paid £..... Staff Initials
Journal / Book Title..... Author..... Title of journal articles Year of publication..... For Journals: Volume Part..... Pages..... For books: Publisher..... ISBN.....	 University of Cambridge University Library Medical Library						

BY SIGNING THIS REQUEST FORM, I AGREE TO COMPLY WITH THE FOLLOWING COPYRIGHT DECLARATION:

- I have not previously been supplied with a copy of this item by you or any other library.
- I will not use this item except for research for non-commercial purpose or private study and will not supply a photocopy of it to any other person.
- To the best of my knowledge, no other person with whom I work or study has made or intends to make at this time a request for a photocopy of this item substantially for the same purpose.
- I understand that I shall be held liable for any infringement of copyright resulting from a false declaration