

SCHOOL OF PSYCHOLOGY AND SPEECH PATHOLOGY
TEST LIBRARY

STUDENT BORROWER REGISTRATION FORM

Note: This form must be completed before you are permitted to borrow.

FAMILY NAME: _____

FIRST NAME: _____

STUDENT ID: _____

ADDRESS: _____

TELEPHONE: _____

MOBILE: _____

EMAIL: _____

Course enrolled in (please tick one):

- Psychology 4th year program (Hons, BPsych)
- Speech Pathology undergraduate program
- Master of Psychology
- Master of Speech Pathology
- PhD

I have read and understand the Terms and Conditions of Borrowing of the Curtin Psychology Test Library and my signature on this form confirms that I accept them and agree to abide by them at all times. I agree to be fully responsible for the security, care, and return of all test materials and equipment that I borrow.

Signed: _____ Date: _____

Office use only

Signed: _____

Date: _____