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 4\textsuperscript{th} 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: ________________________________