

Inter Library Loan Form Public Health Resource Unit

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1. Your details:				
Name:	Job Title:			
Work Address:				
Telephone:	Email:			
2. Item details:				
Book/report title:				
Author(s):				
Publisher:				
Edition:	ISBN:			
Please note that this is <u>not</u> a f	ree service and that the library will incur a cost.			
3. I declare that:				
1. I will return the item to the PHRU b	efore the item is due back to the lending library in the			

- condition I received it.
- 2. I will act within the terms of the Copyright, Designs and Patents Act 1988.

3. I consent to my details being held by the PHRU for the purposes of service review or development in compliance with the Data Protection Act 1998.

Signed		Date	Date		
For Library Use Only:	Supplier/Ref. No:				

This document can be made available in other formats on request

Document Control				
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