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TUFTS UNIVERSITY SCHOOL OF VETERINARY MEDICINE
ALUMNI/AE USER LIBRARY REGISTRATION FORM
(Please print)

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State: _____ ZIP: _____

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E-mail: _____

I understand that this agreement allows me to borrow non-reserve material from the Webster Family Veterinary Medical Library. As a registered user, I will abide by the lending period and renewal policy for the items and will accept responsibility for the return of all materials I borrow. I hereby agree to pay all fees incurred for lost, damaged, or late items. I understand that failure to pay such fees may result in a loss of my library privileges.

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Date: _____

* * * * *

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