

Borrowing psychological test(s)/procedure(s) or recording device(s)

CONTACT: TESTVERGABE@SFU.AC.AT

NAME OF THE PROCEDURE(S):

FIRST AND LAST NAME

TELEPHONE NUMBER

E-MAIL ADDRESS

COURSE OF STUDIES & SEMESTER

PURPOSE OF USE

- *I hereby declare that I will use the loaned test(s)/procedure(s) or recording device(s) only in the context of my studies at Sigmund Freud University Vienna. I am responsible (in the sense of due diligence) for returning the test(s)/procedure(s) or recording device(s) properly and completely. In the event of loss or serious damage, I assume full liability and costs for the selected test(s)/procedure(s) or recording device(s).*
- *I agree that duplication and copying of any kind may result in prosecution and I accept full liability for this.*

BORROWED ON:

SIGNATURE: