

**Request for Document Delivery (ARTICLE): Library**

# ARTICLE DETAILS

Article Title:

Journal Title:

Volume Number:

Issue Number:

Date published:

Pages/DOI:

Lead (or other) author:

Anything else we should know?

Date needed by:

# DECLARATION (must be completed by person making request)

I declare that I require the reproduction of the item described above for either personal research and study, or work-related / patient care purposes (as specified below), and I will not use it for any other purpose.

I have not previously been supplied with a reproduction of the same material by the library. In the event that my request is for *more than one article from the same issue of a periodical*, I further declare that each article is for *the same* research or course of study, or the same work-related, patient care purpose.

I understand that all documents requested by me are subject to copyright restrictions, as per the Australian Copyright Act 1968. I agree to abide by the regulations of the Act for this item.

By submitting this request I am confirming this declaration is true, that I am requesting a copy to be emailed to myself, and confirming that this article is required for either:

• Services of the state (e.g. patient care, work-related): Section 183 of the Copyright Act

Or

• Personal research/study: Section 49 of the Copyright Act

**Signed** (CAN BE TYPED, not necessary to print & scan):

Name:

Today’s date:

□ Staff / □ Student / □ Other (please specify)

**Please email your completed form to:** **library@acc.sa.edu.au**

**THANK YOU FOR YOUR GENEROUS SUPPORT**

Australian Chiropractic College l 83 Currie Street, Adelaide, SA 5000 l ABN: 84 612 258 072