

## Declaration Form for Off-Campus Access to Library Resources

Name: .....

Registration No/Library ID: .....

Email: .....

Department: .....

Phone Number: .....

I, the undersigned, acknowledge and agree to the following terms regarding my off-campus access to the university's library resources:

1. I will use my off-campus access solely for academic, research, or university-related purposes.
2. I will not share or distribute my access credentials with any unauthorized individuals.
3. I will not use library resources for commercial purposes or for any activities that violate university policies or legal regulations.
4. I understand that any misuse of library resources or violation of these terms may result in the suspension of my library access and potential disciplinary action.
5. I confirm that I am personally responsible for all use of off-campus access under my credentials, and I will adhere to all relevant guidelines and copyright laws.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_