AGREEMENT  

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I hereby certify that I have read and understood the above conditions and undertake to adhere to them. Should I fail to comply with these conditions, I shall be held personally responsible for any legal, financial, or other claims, disputes, or repercussions that this failure may result in.

PTO
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Signature ____________________ Clarification of signature ____________________

Address: ____________________

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e-mail address: ____________________

The user will retain a copy of this form for further reference; the original will be filed at the Department of English, Uppsala University.

Please return the form to:
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