



BORDEN INSTITUTE

AUTHOR IDENTIFICATION FORM

PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR
MANUSCRIPT UPON SUBMISSION.
PLEASE **IDENTIFY** THE SENIOR AUTHOR. **Each author should complete a separate form.**

Title of Book: _____

Title of Chapter: _____

Author's Name: _____

Military Rank, Corps, Service: _____

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Present Job Title: _____ Department: _____

Name of Your Institution: _____

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