Archives Registration Form

The information requested below is required to enable us to process applications for readership. In addition it will be used for statistical, contact, and security purposes, and the form will be kept securely and permanently for these purposes.

Forename: _______________________________________
Surname: _______________________________________
Salutation: _______________________________________
Address: _______________________________________
Telephone No: ____________________________________
Email: _________________________________________

The information requested below will be used solely by us, for statistical analysis. Please tick the relevant box.

Undergraduate ☐  Local History  ☐
Postgraduate  ☐  Family History  ☐
Academic Research  ☐  Legal or business needs  ☐
Other (please specify) _______________________________________

***NB Please note that by signing this form you are agreeing to abide by the Rules and Regulations of the reading room (please ask at the desk to review a copy of these Rules and Regulations).

Signature: _______________________________________
Date: ________________