

## 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: \_\_\_\_\_