

Application for a City Archives and Local Studies Library Reader's Card

Please complete the form in **BLOCK CAPITALS** and show two official proofs of your identity. At least one proof must include your signature, and one your name and address.

TITLE	FAMILY NAME
FIRST NAME(S)	

HOME / PERMANENT ADDRESS	For students, visitors to Sheffield, and those on official business, address (in case we need to contact you) for TERM-TIME/HOTEL/OFFICE
Postcode	
Telephone	Until (date)
	TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH eg 05 AUG 63 This information is used as a security measure.			
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BY SIGNING THIS FORM
(a) I apply to become a registered user of Sheffield City Archives and Local Studies Library;
(b) I give my explicit consent to you using my information for the purposes of registering me as a user, and managing the archives service;
(c) I have read and agree to abide by the searchroom regulations and People's Network Acceptable Use Policy.

SIGNATURE	DATE
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STAFF USE ONLY BELOW THIS LINE

Proof of identification

- 1.
- 2.

