Access25: Application form

Data Protection: personal data supplied by you will be used only for the purposes of administering the scheme, including the transfer of data between home and host libraries. Anonymized summary data will be transmitted to the M25 Consortium. Completed forms will be retained by your home library until the expiry date of the card (a maximum of one year from date of issue).



Please complete in BLOCK CAF	PITALS. Thank you	
Surname		
First name(s)		Title
Library / ID card number (ho	ome institution)	
		t be a registered library user at your home institution and be y library rules, paid library debts)
Please tick as appropriate	☐ Staff	☐ Postgraduate research student
Department		
Which libraries do you inten (NB. this does not restrict yo		25 libraries during the year)
Ist library		
2 nd library		
3 rd library		
I agree to abide by the rules and other charges I incur.	and regulations of a	any M25 Consortium library I visit, including paying any fines
Applicant's signature		Date
Authorisation: to be com	pleted by library	staff
Library staff name:		
Library staff signature:		Date:
Access25 card expiry date:		
Applicant's library / ID card	expiry date:	