Application for Reader's Ticket/Reading Facilities
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Surname: ____________________________ First name(s): ____________________________

University/ Place of Work: __________________________________________________________

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Dept./ Course of study: __________________________________________________________

Staff ☐ Postgrad. ☐ Undergrad. ☐ Other ☐

Phone no.: Work: __________ Home: __________ Email: __________________________

Home address: __________________________________________________________________

Research interest: __________________________________________________________________

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Signature: ___________________________________________ Date: __________

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