

# CAMBRIDGE UNIVERSITY LIBRARY BETTY AND GORDON MOORE LIBRARY

**For office use only:**

Evidence of status attached? Yes  / No

Today's date:

*Please complete in block letters.*

**■ Name**

Last name: .....

First name: .....

Middle name(s): .....

Title: Mr / Mrs / Miss / Ms / Dr / Prof (please circle one)

**■ Status** (Please circle one option and elaborate if necessary)

Visiting academic / Visiting student / Visitor undertaking personal research / Other .....

**■ Affiliation and address**

Employer / institution name: .....

Address: .....  
.....  
.....

Email address: .....

**■ Use of library**

Access to the Library is requested for the period from ..... to .....

**■ Signature**

*I understand that the information I have supplied on this form will be used by the Betty & Gordon Moore Library for administrative purposes within the terms of the Data Protection Act 1998 and will not be passed on to third parties.*

*I hereby apply for the privilege of admission to the Library. I hereby solemnly promise not to use this privilege to the injury either of the Library or the University of Cambridge.*

Signed: .....

Date: .....