**SPECIAL COLLECTIONS & ARCHIVES VISITOR REGISTRATION FORM**

**QUEEN’S UNIVERSITY BELFAST**

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| **Contact Details** | | | | | | |
| \*Name | Surname: | | | Forename: | | |
| \*Address |  | | | | | Postcode: |
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| Institutional Affiliation: (where relevant) | | |  | | | |
| **Details of Visit** | | | | | | |
| \*Date of anticipated arrival: (dd/mm/yy) | | |  | | | |
| \*Visitor Pass Duration: | | 1 week **YES/NO** | | | 1 month **YES/NO** | |
| \*Have you consulted materials at Special Collections & Archives in the past? **YES/NO** | | | | | | |
| If this is your first visit to *Special Collections & Archives* at the McClay Library, Queen’s University Belfast please note terms and conditions of access. Photographic and address forms of identification are a standard requirement for all visitors to Special Collections. Further details:  [QUB Special Collections & Archives](http://libguides.qub.ac.uk/c.php?g=282353&p=1881121)  [Library Homepage](http://www.qub.ac.uk/directorates/InformationServices/TheLibrary/) | | | | | | |
| Once completed please email this form to Special Collections: [specialcollections@qub.ac.uk](mailto:specialcollections@qub.ac.uk).  You will be emailed once your Visitor pass has been processed. | | | | | | |

**\*Required Field**