

APPLICATION FOR ACADEMIC VISITOR (INCLUDING COUNCIL & COURT MEMBERS)

Professor/Dr/Mr/Ms/Miss/Mrs/Other _____

SURNAME _____ FORENAMES _____

HOME ADDRESS (incl. postcode) _____

TELEPHONE _____

WORK/COLLEGE ADDRESS (incl. department and postcode) _____

EMAIL _____ TELEPHONE _____

DEPARTMENT CONTACT: _____ COLLEGE CID/DATE OF BIRTH _____

Academic Visitor

Member of Council

Member of Court

Expected leaving date (if applicable) _____

DATA PROTECTION NOTICE

The personal information that you provide will be processed in accordance with the Data Protection Act 1998. Your library record includes your name, contact details and lists items you have borrowed or reserved. We use this information to provide services and to monitor library use. We do not disclose information about you or what you have borrowed to anyone else. However, we may pass this information to a relevant member of Imperial College London staff (or your home institution for external members) if you persistently fail to return items that are overdue, or have outstanding loans when you leave College, or when your library membership expires.

I agree to abide by the library regulations as published at www.imperial.ac.uk/library

Signature _____

Date _____

FOR ACADEMIC VISITORS – To be completed by Head of Department or Head of Section

I confirm that this visitor requires use of the library borrowing facilities until the leaving date shown above.

Signature _____ Date _____

Department Stamp

Library use only

STAFFIC + User cat 2 ACADVIST (*ID card/blue*)

Confirmed Dept. Stamp Letter from dept.

HR Staff list (if listed, dept. stamp is not required)

Other (*please specify*)

Card issued by _____ Expiry Date _____