

**Plymouth Medical Society Historic Collection
Access Request Form**

This form must be completed and signed, and relevant ID produced, before access will be granted to the historic collection. The information will be used for security purposes and for our own user statistics. By signing this form you will be agreeing to the access conditions of the archive, which are available at the library desk, in the archive viewing area, and on the website.

Title:	Surname:	Forename:
Address:		
Postcode:	D.O.B.:	
Purpose of visit:	Organisation:	
	Job Title:	
I have read and agree to comply with the Historic Collection Access Conditions. I agree to this data being held in accordance with the Data Protection Act for the use of Discovery Library and Plymouth Medical Society.		
Signature:		Date:

For Office Use Only

Address ID	Signature ID	Existing Swims User
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