

RAYLEIGH LIBRARY



REGISTRATION FORM

(PLEASE USE **BLOCK CAPITAL LETTERS**

TO FILL IN THIS FORM)

DATE: _____

LAST NAME:				FIRST NAME:			TITLE:	
STATUS (TICK BOX)	UNDER-GRADUATE	POST-GRAD (MASTER)	POST-GRAD (PhD)	UNIV. STAFF	VISITING SCHOLAR			
UNIVERSITY CARD NUMBER /LETTER	V _____ (SEE THE BACK OF YOUR CARD starting with letter V....)							
EXPIRY DATE	_____							
	(SEE THE FRONT OF YOUR CARD)							
DEPARTMENT (IF APPLICABLE)								
GROUP (IF APPLICABLE)								
COLLEGE (IF APPLICABLE)								
EMAIL								
HAVE YOU GOT A DISABILITY OR SPECIAL NEEDS?								