

Author/Title \_\_\_\_\_

Collection \_\_\_\_\_ Shelfmark: \_\_\_\_\_ Page N°s required: \_\_\_\_\_

*Please supply me with a copy of the above-mentioned material which is required by me for the purposes of research or private study*

**APPLICANT MUST SIGN THE FOLLOWING DECLARATION:**

I declare that-

- a. I have not previously been supplied with a copy of the same material by you or any other librarian or archivist;
- b. I will not use the copy except for research for a non-commercial purpose or private study and will not supply a copy of it to any other person, and
- c. to the best of my knowledge the work had not yet been published before the document was deposited in your library and the copyright owner has not prohibited copying of the work.

I understand that if the declaration is false in a material particular, the copy supplied to me by you will be an infringing copy and that I shall be liable for infringement of copyright as if I had made the copy myself.

**Data Protection Act 1998:** The personal data that you are giving will be used for the purposes of administering your photocopy order. It will not be passed on to unrelated third parties. It will be stored and disposed of appropriately.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The signature must be the personal signature of the applicant. A stamped or typewritten signature, or the signature of an agent is **NOT** sufficient.

[g/dtp/docs/specoll/reqpublished](http://g/dtp/docs/specoll/reqpublished)

<b>STAFF USE</b>	<input type="checkbox"/> tick if manuscript
No pages _____	Sum due _____
Date rec'd _____	Date emailed/posted _____

Name (**Block Capitals**) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_