Sixth Form Access to Library Application



Surname		Year you leave school
First Name		Name of School Contact Person
School Name		School Contact Person Email Address:
School Addre	ess	
		Signature of School Contact Person
		(I support the named student for a 6th form access ticket)
What courses are you doing?		Signature of Applicant
		I agree to abide by the University Library rules and regulations (www.ncl.ac.uk/library/about/rules-regulations)
Privacy Notic	e	
with a sixth for who are entitle give us to anyo processed by N on your application longer wish to a lf you would like and the contaction data.protection	m library access card; it is in our legiting to, and we will only collect the data and the unless we are required to by law, or lewcastle University staff in the UK, and the form. If any of the information the have access to the University Library less the more information about how we man	conal data you provide to us. We need to collect your data to issue you mate interests to do this to ensure the library is only accessed by those that is necessary for this. We will not pass the information that you we believe you to be at risk. All the personal data we process is dive will destroy this data 6 months after the course expiry date given not the weak will about you is wrong you can ask us to change it. If you no that we know and we will cancel your membership and destroy the data. In the personal data more generally, including your rights under law, action Officer, please see our website: http://www.ncl.ac.uk/
STAFF USE Card Issued	Date/	Card Replaced on/
form of ID	School Planner	
	School Visit	
	Other	
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