



Please complete legibly in **BLOCK CAPITALS**

Title Last name

First name

Address (permanent)

Postcode

Email

Phone

Reason for visiting (please tick one)

- | | |
|--|---|
| <input type="checkbox"/> Personal leisure (family history) | <input type="checkbox"/> Personal leisure (other) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Lecturer/Teacher |
| <input type="checkbox"/> Business/work related | <input type="checkbox"/> LBTH employee |

Other (please specify)

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- To ensure that information obtained relating to living persons is used in accordance with the Data Protection Act (1998)

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