



Research Form

This form must be completed before any access to the RE MLA collection is allowed.

Name:

Address:

Tel. No:

Date of visit:

Reason for research:

Items to consult:

Accession No:

Description:

Other:

Continued overleaf

I have read and agree to abide by the RE Museum Reading Room Rules.

Signed:

Printed:

Dated:

Duty Curator: