

Data Authorisation Sheet

Library Member Details

Name
or Organisation Name*

Address

Postcode

Telephone

E-mail

Membership Type
Organisation/Individual

Additional contacts *
(alternative address
or other organisation
personal contacts)

*For Organisation applications only

Interest (Please select those that apply):

- Deafness**
- BSL**
- Visual Impairment**
- Multiple Disabilities**
- Additional Support Needs**

Declaration

I hereby give consent to the Scottish Sensory Centre Library to hold my personal details. I understand that these details will only be used for the recording and mailing of loans, the mailing of Scottish Sensory Centre literature and other administrative mail in relation to my membership of the Scottish Sensory Centre Library.

Signed:

Date:

Please sign this form and return it to:

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sheila.mackenzie@ed.ac.uk
Tel 0131 651 6069 Fax 0131 651 6502