

SCONUL Access Application Form



surname:

first name:

home address:

postcode:

tel no:

email:

home institution:

library card no:

Band A (staff):
Band A (research):
Band B:
Band C:

applicant's signature:

For University of Bolton use

SCONUL card expiry date:

UoB card no:

authorised by:

date:



I agree to be bound by the rules and regulations of The Library