

University of London – Authorisation of UG Access to SOAS Library

This form confirms that you are a **current** UG student at a University of London institution. You will be given **Reference access** to the SOAS Library for one year. Please get confirmation of your current status from your home institution Library.

Surname _____

First name(s) _____

Student ID # _____

UoL Institution _____

UoL Institution stamp/Authorising signature:

SOAS STAFF USE ONLY

Initials:

Date:

Barcode:

Expiry date:

Do you require assistance in the Library due to disability? YES/NO

UoL student signature: _____ **Date** _____

Data Protection Act 1998 I agree to SOAS processing personal data contained in this form, or data which SOAS may obtain from me. I agree to the processing of such data for any purposes connected to my use of the library, or my Health & Safety whilst on the premises or for any legitimate reason. I further agree to SOAS processing data about me described as Sensitive data within of Data Protection Act 1998. I agree to abide by library rules and the terms and conditions of any electronic resources I may use whilst on Library premises.

SOAS may contact me with information on activities and events using data on this form. Please tick box if you wish to opt out of this