

NHS Greater Glasgow and Clyde Board Archive Enquiry Form

Please complete in **BLOCK CAPITALS** and mail to:
NHSGG&CBA Archivist, c/o City Archives,
The Mitchell Library, 533 North Street,
Glasgow G3 7DN

PERSONAL INFORMATION			
<i>You may choose to give us personal information, such as your name, address or e-mail address that may be needed, for example, to correspond with you or to provide you with an invoice for services rendered. The information that you supply via this form will only be accessed by authorised persons of the University of Glasgow or its agents. The information will be retained by the University and will only be used for the purpose of (a) processing your enquiry, and (b) for statistical and audit purposes. By supplying such information you consent to the University storing the information for the stated purpose. The information is processed by the University in accordance with the provisions of the Data Protection Act 1998. Please note there is also an online version of this enquiry form available if preferred.</i>			
Surname			
Forename		Title <i>(Mr/Mrs/Miss/Ms)</i>	
Address <i>(required)</i>			
Business Tel.		Home Tel.	
E-mail <i>(required)</i>			

ENQUIRY DETAILS			
<i>(If there is a particular collection you are interested in, please enter the name of the collection and its reference code below)</i>			
Collection Name <i>(if known)</i>		Reference Code <i>(eg SNB)</i>	
Please provide as much information as possible with regard to your enquiry <i>(please attach a separate sheet of paper if required)</i>			

Signature		Date	
------------------	--	-------------	--