Trinity College Library Dublin

Visiting Reader Application Form

Name of Applicant:.....

Local Address:.....

Permanent Address:.....

E-mail Address:.....

Subject(s) to be consulted:

.....

Visiting Readers Only: Home University/College/Institution

.....

TCD Graduates Only:

Year of Graduation:..... Student ID No:.....

I agree to be bound by the Library Regulations

Date:..... Signature of applicant:.....

For office use only

Approved by:..... No of days:..... Card No:.....