

**Fitzwilliam Museum  
The Graham Robertson Study Room  
Appointment Request Form**

Name:

Home address:

Telephone/Email:

- GCSE/A-level student     Undergraduate  
 Post-graduate (Master's)     Post-graduate (Doctoral level)  
 Post-Doctoral researcher     Academic     Museum professional  
 Independent researcher     Adult learner     General/casual interest  
 Other (please specify):

University, museum or other affiliation:

Project title/description:

Proposed date(s) of visit:

Material requested:

(Please include full details of individual objects and attach an extra sheet if needed)

Maker	Title	Accession Number

For office use only:

Length of visit: \_\_\_\_\_ day(s) (in increments of half days)

Number of objects accessed: \_\_\_\_\_

Maker	Title	Accession Number

For office use only:

Length of visit: \_\_\_\_\_ day(s) (in increments of half days)

Number of objects accessed: \_\_\_\_\_

## **Your Personal Information**

To ensure the security of our collections, visitors are required to give their names and full address when consulting material in the Graham Robertson Study Room

This information may also be used to compile reports to our funding bodies about the number of visitors and objects consulted. Data used for this purpose is fully anonymised and no individual is identifiable.

We do not share any of this information with any third parties.

Visitor books are housed in a locked staff area. When complete they are deposited in the Museum Archive in a secure collections storage area with staff only access.

For further information see:

<https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>

May 2018

For office use only:

Length of visit: \_\_\_\_\_ day(s) (in increments of half days)

Number of objects accessed: \_\_\_\_\_