



Queen Margaret University
EDINBURGH

APPLICATION FOR LETTER OF ACCESS

Date: _____

Name: _____

Course Name & Year: _____

Dates requested (8 wks max): _____

University/College: _____

Address (if known): _____

Collect Access Letter at
Musselburgh?Y/N _____

or

give postal address: _____

Completed forms should be returned to:

**Service Desk
Learning Resource Centre
Queen Margaret University
Edinburgh
EH21 6UU**

PTO

LRC Staff Use:

Form received by:
(initials of member of library staff)

Reason for application:

Is student in good standing with library?
(User Services Manager)