LINEN HALL LIBRARY REFEREE FORM

ONLY FULLY COMPLETED FORMS CAN BE PROCESSED. PLEASE USE BLOCK CAPITALS
Fields marked with asterisk* are mandatory.

As part of the Library’s membership programme, all Students and Under 18s must supply details
of School/College/University, along with a Referee. The Referee need not be a member of the Linen
Hall Library, but should be someone to whom the Applicant is known personally. Both Applicant and
Referee must sign and return this Form (please refer to our Code of Conduct available on request
or via our website at www.linenhall.com).

If you are applying for Student or Under 18 Membership you must supply the following information:

Date of Birth ....................................................

Name and address of School/College/University .................................................................

Student Number .............................................. Date Course Ends .....................................

1. REFEREE DETAILS

We would be grateful if you could please complete this Form as a Referee on behalf of the applicant.

Title* Mr / Mrs / Miss / Ms / Other ................................ First Name* ..........................................

Surname* .......................................................... Address* ..................................................

Postcode* ..........................................................

Telephone* ........................................................ Mobile* ..................................................

Email* (please print clearly) .................................................................

□ The Linen Hall Library will email you about Library services, special offers and events.
□ If you would prefer not to be contacted by email please tick this box.

2. SIGNATURES

Referee Signature:
I the undersigned confirm that the above-named person is known to me personally and lives at the
address given and I recommend him/her for admission to membership of the Linen Hall Library. I am willing
to be contacted by the Library to give a more detailed reference should it be necessary.

Signature ........................................................................................................ Date .........................

Applicant Signature:
I have read the Code of Practice for use of the Linen Hall Library and I agree to follow it.

Signature ........................................................................................................ Date .........................