

Bidford Archive
BDHS Archive Withdrawal Request

This form should be scanned and sent by email to bidfordlibrary@gmail.com or handed in there.

Date: _____ **Date Terms and Conditions signed:** _____

User Name: _____

User E-mail address: _____ **Tel:** _____

Date Access Requested to Archive Files: _____

Document (Maximum 7 items at any one time):	Document description (Maximum 7 items at any one time):	Archive Box Number:	Accession Number:	Document/ Digital Memory Stick returned *
Request for Digital Memory Stick:				

- To be completed by a BCL volunteer