

## Archive information request form

Please complete and send to Miss Hilary Ritchie, Archivist, Box 53, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ

**Date of request:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Type of request:**       ask the archivist to conduct some research

view records personally

**Please outline any questions / documents that you would like to view (including as much information as possible):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you wish to view documents, please indicate preferred days and times (inc. any deadline):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Miss Ritchie will contact you directly on receiving this document