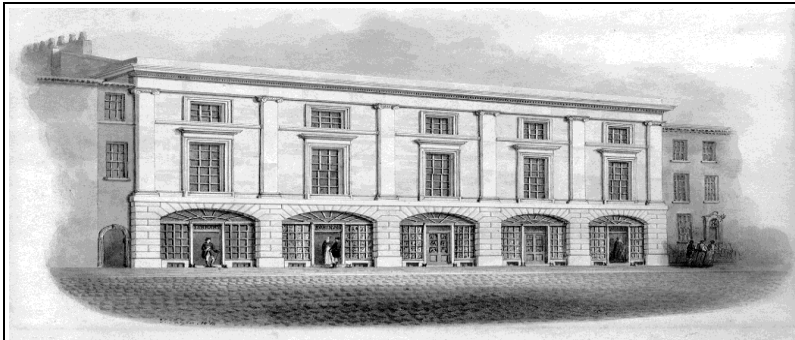


Initial contact made by: phone email other _____



THE LEEDS LIBRARY

Research RECORD SHEET

Library Member

What is the purpose of your research visit to the Leeds Library – please select all that apply

Personal Research <input type="checkbox"/>	Research for publication <input type="checkbox"/>			
Academic Research	PhD <input type="checkbox"/>	Masters <input type="checkbox"/>	Undergrad <input type="checkbox"/>	
Name of University (if applicable)				
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Would you be willing to give the Leeds Library a copy of your research outcomes if applicable ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to write a short statement for our newsletter, website or blog with some details about your research ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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