



REQUEST FORM FOR ACCESS TO THE READING ROOM

This form needs to be filled in with care. You **must** receive the official reply from the NATO Archives before you can have access to the Reading Room.
Please allow ten days minimum for the answer.

First Name:

Last Name:

Date of Birth:

Place of Birth:

Nationality:

ID/Passport Number:

Address:

- Street and Number:
- Postal Code, Town:
- Country:
- Email Address:
- Tel. :

Employer [Research Institute, University or other] (full address):

.....
.....

Function/Position [Professor, researcher, student, other]:

.....

Nature of Research [Please give as much detail as possible]¹:

.....

Proposed Date and Duration of Visit:

Send your completed form, preferably by Email, to :

NATO Archives
B-1110 Brussels
Belgium

E-mail: nato.archives@hq.nato.int

Fax: +32 (0) 2 707 55 09

⁽¹⁾ Use separate sheet if necessary