

APPLICATION TO USE RESTRICTED MATERIALS

Name: (Print) _____ Phone: _____

Permanent Address: _____

Local Address: (If different from above) _____

Institutional Affiliation: _____

Purpose of Research: _____

Materials Requested: (include collection name, collection number, and box numbers)

In using the above material for research, I agree not to disclose private, confidential information concerning individuals whose names appear in the above records.

I also agree to secure permission from the owner of the copyright or literary property rights should I choose to publish.

Signature: _____ Date _____

(OFFICE USE ONLY)

Approved Disapproved By _____ Date _____

Reason for disapproval: _____

Notification of approval/disapproval sent to patron