

REQUEST FOR ACCESS TO COLLECTIONS

Name _____ E-mail _____

Institutional affiliation and title _____

Address _____ City/State/Zip _____

Telephone _____

Title of research project _____

Purpose of research project _____

Collections/materials requested for study _____

Proposed date of visit _____ Alternate date(s) _____

How are the materials to be used (measurement, photography, etc.)? _____

If photography, fill out PHOTOGRAPHY/IMAGING REQUEST FORM

Estimated time required _____

How many persons will work with you? _____

What space do you need? _____

Equipment needed? _____

I agree to abide by the guidelines and restrictions provided by CAS staff members.

A copy of any published work using these collections will be provided to the CAS Archivist.

Signature _____ Date _____

For CAS use only

_____ Access granted _____ Access denied

Reasons/comments _____
