

REQUEST FOR ACCESS TO COLLECTIONS

Name _____ E-mail _____

Institutional affiliation and title _____

Address _____

Telephone: Work _____ Home _____ Local _____

Title of research project _____

Purpose of research _____

Collections/materials requested for study _____

Proposed date of visit _____ Alternate date(s) _____

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

If photography, fill out REQUEST TO PHOTOGRAPH COLLECTION ITEMS OR TO ORDER PHOTOGRAPHS

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 TARL staff members.

Signature _____ Date _____

FOR TARL USE ONLY

_____ Access granted

_____ Access denied

Reasons/comments _____
