

Archive Consent Form

Permission is granted for _____
(Print name of individual)

to view material in the following restricted archival collection(s):

(Description of collection)

Please check one of the following options:

_____ Material may be viewed but NOT photocopied.

_____ Material may be photocopied and billed to the researcher.

_____ Material may be photocopied and billed to this office.

Please note that archive staff may impose further photocopying restrictions due to the physical condition of material.

(Signature)

(Date)