# REQUEST FOR ACCESS TO ARCHIVAL MATERIALS FORM

I have read the Rules and Regulations Regarding the Use of Archival Materials and agree to abide by these rules, regulations and other policies and procedures regarding access and use of archival materials.

1. Name (please print): ____________________________________________________________

2. Address: ______________________________________________________________________

3. Institution or Affiliation: ________________________________________________________

4. Telephone: __________________________ Email: ____________________________________

5. Signature: (in blue ink) ___________________________ Date: _________________________

6. Purpose of use of archival materials (please explain): __________________________________________________________________________

7. After consulting archival finding aids, please list desired materials below:
   a. Archival Collection:
   b. Records Series:
   c. Subject:
   d. List Box, Folder, Number:
      (1) __________________________________________________________________________
      (2) __________________________________________________________________________
      (3) __________________________________________________________________________
      (4) __________________________________________________________________________
      (5) __________________________________________________________________________

8. Remarks (significance of materials used): ____________________________________________

9. Credit Line: Title of Document or Photographs, Date; Name of Collection, Dominican Archives, CUNY Dominican Studies Institute at the City College of New York

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RESEARCHERS ARE ENCOURAGED TO DONATE A COPY OF THEIR FINAL PRODUCT TO THE ARCHIVES

FOR STAFF USE ONLY

10. Received by: ☐ Phone ☐ In-person ☐ E-mail ☐ By mail

11. If there are any restrictions, party to be consulted:

12. Permission: ☐ Granted ☐ Denied Reason for Denial:

13. Number of photocopies/scans made for patron:

14. Archives Staff: __________________________ Date: __________________________

Request for Access to Archival Materials Form, Rev. (04/16)