



DOMINICAN ARCHIVES CUNY DOMINICAN STUDIES INSTITUTE

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REQUEST FOR ACCESS TO RESTRICTED ARCHIVAL MATERIALS FORM

- 1. The mission of the Dominican Archives is to identify, collect, process, preserve and make available primary and secondary source materials that document the experiences and contributions of the Dominican population in the United States. Although the Archives acknowledge their responsibility to provide unrestricted access to the archives and library under their care, they will, under certain circumstances, limit access, delay research availability, or place other restrictions to its archival collections it deems necessary to assure the integrity, confidentiality, and security of their collections. Restrictions apply only to specific records or collections and may include the viewing, transcription, reproduction, publishing, or other use of the restricted materials. Researchers will be required to provide proof of legitimate research or genealogical need to access restricted materials, in writing, and to agree to abide by all federal, state and local laws, rules, or regulations governing the use of restricted information. Request for access to restricted materials will be reviewed by the Chief Archivist or Head Librarian and approved or disapproved on a case-by-case basis.
- 2. I have read the above policy regarding the use of restricted archival and library materials. I understand that access to the materials requested may be restricted. I hereby certify that the materials requested will be used for legitimate research. I agree to abide by all federal, state, and local specific laws, rules, or regulations governing the use of restricted information. I also agree to indemnify and to hold the Dominican Studies Institute and the City University of New York harmless from and against any and all claims of libel, infringement, or invasion of privacy arising out of the use of these materials by me in conjunction with my research.

I hereby request access to the archival materials listed below. Requested materials are to be used for

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(5	specific purpose)	:			
4. Archival Materials Requested:					
5. N	Name (please pri	nt):			
A	Address:				
C	City, State, Zip C	Code:			
Institution or Affiliation:					
T	elephone:		Email:		
S	Signature (blue i	nk only):			
6. D	Date:				
FOR OFFICE USE ONLY					
7. A	Action Taken:	☐ Approved:	☐ Disapproved	Date:	
8. S	Staff Member:		Signature:	Date:	