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APPLICANT INFORMATION

Name: _____

Institutional Affiliation: _____

Street Address: _____

State: _____

Zip Code: _____

Email: _____

Phone: _____

Fax: _____

Title of project: _____

Format(s) in which material will be used: _____

Brief description of project and use of Special Collection materials:

List of materials requested: _____

I understand that the information provided herein will be relied upon by Special Collections. I have read this Agreement and agree to the terms hereof.

Signature
(Applicant): _____ Date: _____

Signature
(Special Collections): _____ Date: _____