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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: _____

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Signature (*Applicant*): _____ Date: _____

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