



AUS ARCHIVES Restricted Records - Access Request Form

Name _____ ID # _____

Department _____ Phone _____

Research Project _____

Summary of Project:

I agree to comply with the Archives policies for the use of restricted access material:

1. Document confidentiality will be maintained.
2. Materials will not be marked in any manner.
3. Care taken to maintain the order and arrangement of papers.
4. Photocopies and scans are not permitted.
5. Researchers are responsible for adhering to all copyright laws.
6. Attached to this form is a letter or email authorizing the researcher to have access to the restricted record.

Signature _____ Date _____

Staff Use Only

Classification and description of material used: