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: