HOCKEN COLLECTIONS – UARE TAOKA O HAKENA

APPLICATION FOR PERMISSION TO ACCESS RESTRICTED ARCHIVES & MANUSCRIPTS COLLECTIONS

RESEARCHER TO COMPLETE:

I, …… apply for permission to

view/read ☐ photocopy ☐ digitally photograph (for research purposes only) ☐

the following collections/items:

Reference number:	**Title/description:**
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Purpose of research:

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My e-mail (or contact address):

……

after this section is completed the researcher should supply the form to the person with authority to grant access

PLEASE TURN OVER

PERSON AUTHORISING ACCESS TO COMPLETE:

I, ……

grant permission to …… to

view/read ☐ photocopy ☐ digitally photograph (for research purposes only) ☐

the collections/items listed overleaf

further comments/conditions:

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signed: _____ date: _____

position (if applicable): _____

email/postal address: _____

telephone: _____

The person authorising access should return the completed form to the researcher. Letters or e-mails granting permission are also acceptable. The researcher should forward the completed form (or a scanned copy of the original) to:

Archives & Manuscripts
Hocken Collections
University of Otago Library
PO Box 56
DUNEDIN 9054
New Zealand.

Email: archives.hocken@otago.ac.nz

NOTE: This form gives authority to access restricted collections for research purposes only. It does not constitute permission to publish.