



AURORA HISTORICAL SOCIETY

P.O. Box 472
East Aurora, New York 14052
www.aurorahistoricalsociety.com

REQUEST FOR ACCESS TO ARTIFACTS

Name _____

Telephone _____

Address _____

E-mail _____

Institutional Affiliation _____

Position Held or Present Status _____

Please indicate the date(s) for your proposed visit(s). This form must be received by the AHS at least thirty (30) days prior to the date you wish to begin research.

What material(s) do you wish to study?

Please describe below and on the back of this form your research and how it relates to the AHS collection. Include a statement purpose, manner of examination requested, and reason for access to AHS material(s).

If your project will ultimately lead to publication, exhibition or other uses, please indicate this as well. At least one copy of any resulting publication must be sent to the AHS.

Please include any Institution sponsoring your project.

NOTE: All students should supply references and a letter from the project director.

I certify that the information given above is correct, and I agree to abide by AHS policies. I also agree to pay any charges incurred by my research and/or access to AHS materials. These fees will be disclosed by the AHS upon approval of this request.

Signature

Date

TO BE COMPLETED BY AHS REPRESENTATIVE:

Permission to use AHS material(s) is () granted () denied

Trustees' decision (Date) _____

Fees and/or restrictions

AHS Representative

Date