



## Application form

*Please print!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code, city: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work/cellular phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Password: \_\_\_\_\_

Co-writer (or possibly an opponent): \_\_\_\_\_

University, college etc: \_\_\_\_\_

Department/assigner: \_\_\_\_\_

**Which library** should the order be sent to in the case of interlibrary loan? \_\_\_\_\_

### Project description

1) The research service department approves the application

Indicate what your work will result in, e.g. paper (level / grade), research project, dissertation, production / manuscript (film, theater, radio, television, article, book):

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Give a short description of the subject or intents: \_\_\_\_\_

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### Signature

*I accept the regulations for using the collections. I assure that my usage of the collections is for research purposes only.*

*The information will be entered into a database at the archive.*

Place and date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Office) notes:

Please give your requisition on the other side

1. Title:<sup>1)</sup> \_\_\_\_\_

Archive number:<sup>2)</sup> \_\_\_\_\_

Channel, date, start and stop times:<sup>3)</sup> \_\_\_\_\_

2. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

3. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

4 Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

5. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

6. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

7. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

8. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_

9. Title: \_\_\_\_\_

Archive number: \_\_\_\_\_

Channel, date, start and stop times: \_\_\_\_\_