



Request to Access Restricted Materials

Researcher Name: (Mr.|Mrs.|Ms.)

Research Assistant (if applicable):

Mailing Address:

Postal Code:

E-mail Address:

Telephone:

Research Institution (if applicable):

RSU Case Number:

Access Request Number:

Restricted Materials Requested:

Note: Please include name of fonds or series, collection numbers, file numbers, guide numbers, etc. Attach list where appropriate.

Brief Description of Research Project:

Request Right to Duplicate: Yes [] No []

I am Planning to:

1. Visit the Regina office to view these records on the following date: _____

2. Visit the Saskatoon office to view these records on the following date: _____

3. Other:

Signature: _____ **Date:** _____

Reference Archivist Receiving Request: _____ **Date:** _____