



PROVINCIAL ARCHIVES
OF SASKATCHEWAN

Request to Access Restricted Materials

Researcher Name:

Research Assistant (if applicable):

Street Address:

Postal Code:

City/Province:

E-mail Address:

Telephone:

Research Institution (if applicable):

ROS 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 Archives to view these records on the following date: _____

2. Other: _____

Signature: _____ **Date:** _____

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

Completed forms can be sent to mainref@archives.gov.sk.ca.