

# UNHCR ARCHIVES

## RESEARCH APPLICATION

*Please print*

Last name	First Name	Middle Name	Passport or ID No.
Address: Street/Number	City, State, Country	Mail Code	Tel./Fax Number

Description of proposed research (please be as specific as possible, e.g., date span, geographical limits, full name of biographical subject, etc.)

May Archives' staff advise other individuals of the subject of your research?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May Archives' staff advise other individuals which reference items were served to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By submitting this Research Application form, the Researcher agrees that:

1. The information provided by the UNHCR Archives will not be used for reasons other than the ones stated in the Research Application form.
2. Will not reprint, publish or use in any other way exact copies of the information provided by the UNHCR Archives, without the prior agreement of the UNHCR Archives.
3. When reproducing the authorized copies, will acknowledge UNHCR as being the source of the copy; and if needed, will use the appropriate citation rules as provided by the UNHCR Archives.

I have received and understand, and will comply with, the regulations for using archival materials at the UNHCR Archives and Records Section.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following information would aid our archivists in assisting your research.

Occupation	Employer or School
------------	--------------------

**Level of Education**

- Undergraduate
- M.A. Candidate; major field \_\_\_\_\_
- M.A.; major field \_\_\_\_\_
- Professional Degree; Specify \_\_\_\_\_
- Ph.D. Candidate; major field \_\_\_\_\_
- Ph.D. ; major field \_\_\_\_\_
- Other \_\_\_\_\_

Do you intend to publish your research?     Yes     No    If yes, tentative date?

UNHCR accepts no liability in case of damage or loss of personal items.