



**DOMINICAN SISTERS OF HOPE ARCHIVES**  
299 N Highland ave  
Ossining, NY 10562

**Tel: 914-941 4420 ext. 302**

**Email: ccox@ophope.org**

**REQUEST FOR ACCESS TO ARCHIVAL MATERIALS FORM**

**I have read the Rules and Regulations Regarding the Use of Archival Materials and agree to abide by these rules, regulations and other policies and procedures regarding access and use of archival materials.**

**1.Name (please print):**

\_\_\_\_\_

**2.Address:**

\_\_\_\_\_

**3.Institution or Affiliation:**

\_\_\_\_\_

**4.Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**5.Purpose of use of archival materials (please explain):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6.Signature: (in blue ink)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RESEARCHERS ARE ENCOURAGED TO DONATE A COPY OF THEIR FINAL PRODUCT TO THE ARCHIVES**

**FOR STAFF USE ONLY**

**7.Permission:** Granted Denied Reason for Denial:

**8.Archives Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request for Access to Archival Materials Form, Rev. (12/18)**