

Historische Bild- und Schriftgutsammlungen

Application for permission of usage (Please fill in the form in printed letters)

surname, forenames _____

e-mail _____

street
Postal code + residence
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profession
Present position
Working place
Name and adress of purchaser, when used in mandate of a third person
Purpose of use (theme of the work, timeframe)
Publication or duplication? <input type="radio"/> yes <input type="radio"/> no
I wish to see the following archive materials:

1. I hereby obligate to send the Historische Arbeitsstelle of Museum für Naturkunde Berlin, a free copy of those works, that were written with our archive materials. The publications have to be send unasked.
2. I agree that the name, first name, addresses and the nature and nature of the use project may be passed on to users with similar research interests for the purpose of providing advice, if they justify a legitimate interest and are ready to grant their consent.
3. The application for use can be revoked, if an infringement of copyright and personal rights as well as the rights of legitimate interests of third parties has occurred.

Purpose of usage

- | | | |
|---|---|--|
| <input type="radio"/> official | <input type="radio"/> state doctorate | <input type="radio"/> publication |
| <input type="radio"/> scientific | <input type="radio"/> dissertation | <input type="radio"/> self-publication |
| <input type="radio"/> local history studies | <input type="radio"/> master thesis | <input type="radio"/> essay |
| | <input type="radio"/> other exams, theses | <input type="radio"/> pupil's work |

Date

Signature

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