



## Research Request Form for the Archives

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Institution You Represent: \_\_\_\_\_

***Please attach the identification credential used and a copy of your driver's license to this form.***

Subject of Research:

Purpose of Research:

Planned Date of Visit: \_\_\_\_\_

I have read the policies and procedures concerning the use of the Diocese of Orlando Archives and agree to comply with them. I agree to use the appropriate guidelines in citing sources in any material I publish, giving credit to authors and photographers where necessary. I understand that some records are confidential and may not be open to researchers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send request to Diocese of Orlando, Office of Archives, 50 E. Robinson St., Orlando, FL 32801  
or email [rbennett@orlandodiocese.org](mailto:rbennett@orlandodiocese.org)

August 2013