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6. Applicant information:

Name: ______________________________ Email: ____________________________

Phone: _____________________________ Fax: _______________________________

Address:________________________________________________________________
_______________________________________________________________________

Institutional Affiliation: ________________ Phone: ________________________

Fax: ________________________________ Email: ____________________________

Address:________________________________________________________________
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List of photographs requested: ___________________________________________
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Signature: ___________________________ Date: ___________________________
(Applicant)

Signature: ___________________________ Date: ___________________________
(Special Collections)