

**Special Collections
Southern Media Archive
J. D. Williams Library
University of Mississippi**

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8. **Applicant information:**

Name: _____ Phone: _____

Institutional Affiliation: _____

Address: _____

Fax: _____ Email: _____

9. **Project Information:**

Title of Research Project: _____

Format(s) (book, DVD, film. . .): _____

Brief description of project and use of Special Collection materials: _____

List of photographs requested: _____

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Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(Special Collections)