

ART GALLERY OF NEW SOUTH WALES ARCHIVE
APPLICATION FOR ACCESS TO ARCHIVAL COLLECTIONS

Application to use (please tick)

- | | |
|--|---|
| <input type="checkbox"/> The Art Gallery's Historical and Administrative Records | <input type="checkbox"/> Australian Curatorial Files (general) |
| <input type="checkbox"/> Manuscript Collections (eg. artists' papers) | <input type="checkbox"/> Australian Curatorial Files (including confidential) |
| <input type="checkbox"/> Special Collections (eg. bookplates) | <input type="checkbox"/> Artists' Books |
| <input type="checkbox"/> Newspaper Clippings | <input type="checkbox"/> Artists' Libraries |

Projected period of use (eg. one week, a day, etc.)

Surname **Title** (Mrs, Ms, Mr, Dr, etc)

Given Names

Home Address **Business Address**

.....

Telephone No. **Telephone No.**.....

Fax/Email **Fax/Email**.....

Occupation (If a student, please give details of your institution and course)
.....

Subject of Study (Please be specific)
.....
.....

Intended Use of Research (Thesis, Article, Film, Exhibition, etc.)
.....
.....

You will be included on our Research Register.

May we inform other researchers of your work in this field ? Yes No

How frequently do you intend to use the Archives ? time/s per year

How did you learn about the Art Gallery of New South Wales Archive ?

I,.....
declare that the above is a true statement. I wish to apply for access to the archival collections of the Art Gallery of New South Wales. I have read and agree to observe all the Conditions of Access.

Signature **Date**

A form of identification, which includes current address and signature or photograph, must be presented.

FOR OFFICE USE ONLY

I.D. Sighted

Permission give by the Senior Curator of Australian Art (Written) Yes/No (Phone) Yes/No

Staff member Date