

Application for Using Archive Material

Name _____	Surname _____	
Date of Birth _____	Place of Birth _____	
Permanent Address: _____	_____	_____
Country	Place	Street/Number
Nationality _____	ID. Number _____	
Temporary residence address in Zadar _____	tel/fax/email _____	

Work place/Faculty _____	
Profession _____	Academic title/professional _____
Reason for use: private <input type="checkbox"/> official <input type="checkbox"/> dissertation <input type="checkbox"/> master`s degree <input type="checkbox"/> BA/BSc Thesis <input type="checkbox"/>	
Working for the institution _____	
Research theme: _____	
Archive holdings/Collection to be used: _____	
Work is to be published _____	

Signature of user

Date

Use authorised by

Date

By signing this, the user is obliged to adhere to the Rules of Use of Archive Material (NN 67/99) and Rules of the Reading Room of the Archives in Zadar.