# Application for Access to Restricted Records

I wish to apply for access to the following records which have a ‘**B**’ access restriction indicating that access is at the discretion of the State Archivist.

**Description of Records**

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These records will be used for research purposes and I undertake not to reveal any personal or sensitive information contained in these records without first receiving permission from the State Archivist.

Signature: Date:

Name:

Address:

Approved

Manager

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_